



MARINE COMMERCIAL LIABILITY

SUPPLEMENTARY INFORMATION FOR TERMINAL OPERATORS

1. Applicant's Name:
2. Mailing address and phone number:
3. Number of years in business: Number of years under current management:
4. Location(s):
5. Is your facility lighted? Fenced?
6. Describe means of public access:
7. Is there an alarm system for (please describe):
Fire? Security?
8. Is there a watchman?
Number of hours on duty? Clock Punch?
9. Describe loading and unloading equipment:
10. What is the average value of all cargo stored at the terminal? \$ _____
What is the Maximum \$ _____
11. What type of documentation is issued for cargo storage? (Please attach)

12. What type of cargoes are stored at the terminal? Outside? Y/N

_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____

13. Please attach a diagram of the facility and provide the construction and fire protection of each building (Give as much detail as possible):

Are combustible materials kept in a separate area?

14. Is there a municipal or volunteer fire department?

15. What is the distance from the nearest fire fighting facility?

16. Number of fire hydrants at your facility?

17. Number of fire extinguishers at your facility? Kind _____ Size _____

18. Who is your current insurance carrier?

19. How long insured by them?

20. Has your insurance ever been cancelled?

21. If yes, why and by whom?

22. Limit of liability requested? \$ _____ Deductible \$ _____

23. If our quotation is accepted, what is date of attachment?

24. Current premiums (i.e. Minimum & Deposit and adjustment rate):

25. Are revenues generated from other than the marine operations described above? _____
If so, provide details:

26. Does applicant use employee leasing services and/or temporary workers? _____
If so, are there hold harmless/indemnity agreements in place in the applicant's
favor? _____ Waiver of subrogation? _____. Are certificates of insurance
obtained? _____ What limits? _____

27. List all losses during the last 5 years (amounts should include deductible)

Date of Loss	Amount Paid	Amount Outstanding	Description of loss
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28. Contact and phone number to arrange a yard inspection:

29. Producer remarks:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State Only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Applicant Signature

Company Title

Date

Producer Signature

Company Title

Date