

To be used with standardized industry Commercial Insurance Applications
 Applicant Information Section, Commercial General Liability Section (as needed)

Complete for each location separately

Please Print or Type

Name of Applicant			Policy Period
Years in Business	Years at Location	Limit \$	Deductible \$

GENERAL INFORMATION — DOCKS

Location of Dock		Water Depth	No. of Berths
Adjacent Exposures (<i>Attach map</i>)		Distance to Next Dock	Upstream Downstream

Is dock exposed to passing water traffic? (*If "yes," describe and specify extent*)
 Yes No

Is area subject to, or has it ever been subject to, seasonal flooding or extraordinary ice movement? (*If "yes," describe*)
 Yes No

Is regular watchman service maintained at dock? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe extent of fire protection and give distance to nearest Fire Department:
How long do vessels remain at dock?	Does applicant berth and unberth vessels? (<i>If "yes," describe equipment used and identify location of equipment</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No

DOCKED VESSELS

Describe the specific services performed to docked vessels:

Is a fueling facility provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," at which location?	Type of fuels handled:
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TYPES OF VESSELS MOORED AND ESTIMATED VESSEL DAYS ANNUALLY FOR THE COMING POLICY YEAR

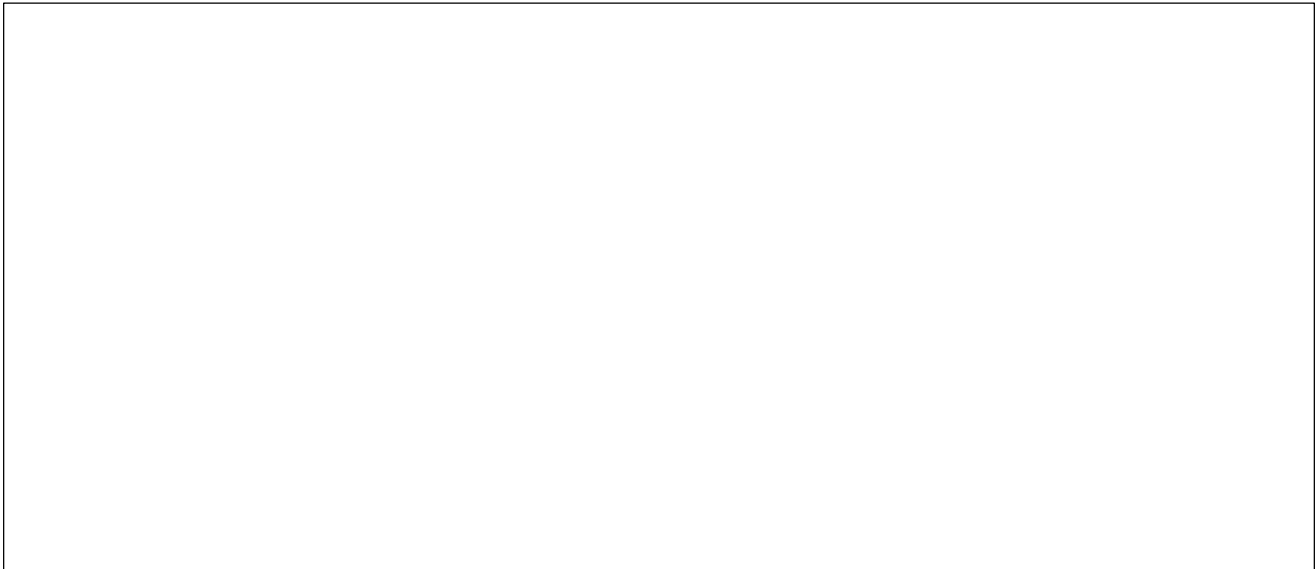
TYPE	Average No. Moored At Any One Time	Estimated No. of Vessel Days Annually
Deck Barges		
Tow Boats		
Fishing Vessels		
Petrochemical Barges		
Dry Bulk Barges		
Chemical Barges		
Crewboats		
Supply Boats		
Other (<i>Identify</i>)		

LOSS EXPERIENCE — PAST FIVE (5) YEARS

Please attach loss experience for the past 5 years with amounts paid and outstanding (including uninsured losses). Loss runs from prior carriers are preferred.

REMARKS

SKETCH OF APPLICANT'S LANDING AND MOORING FACILITY



ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance, nor the Company to accept the risk.

Applicant's Signature _____

Title _____ Date _____

NAME OF INSURANCE AGENCY	
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