

**WHARFINGER'S LIABILITY INSURANCE APPLICATION SUPPLEMENT**

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE STATE "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

1. **NAME OF APPLICANT:** \_\_\_\_\_
  
2. **ADDRESS OF LOCATION:** \_\_\_\_\_  
\_\_\_\_\_
  
3. **TYPE OF VESSEL USING THE FACILITY:** \_\_\_\_\_
  
4. **MAXIMUM SIZE OF VESSEL CAPABLE OF BEING HANDLED BY THE FACILITY. GIVE TONNAGE & LENGTH:** \_\_\_\_\_
  
5. **AVERAGE SIZE OF VESSEL HANDLED BY THE FACILITY. GIVE TONNAGE & LENGTH:** \_\_\_\_\_  
\_\_\_\_\_
  
6. **ANTICIPATED NUMBER OF VESSELS DOCKING DURING THE NEXT 12 MONTHS:** \_\_\_\_\_
  
7. **HOW ARE VESSELS DOCKED AND BY WHOM ARE VESSELS MOVED?** \_\_\_\_\_  
\_\_\_\_\_
  
8. **HOW AND BY WHOM ARE VESSELS SECURED AT THE FACILITY?** \_\_\_\_\_  
\_\_\_\_\_
  
9. **ARE VESSELS FLEETED OR OTHERWISE KEPT IN WAITING BEFORE OR AFTER USING THE FACILITY? IF YES, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_
  
10. **NUMBER OF BERTHS AT THE FACILITY:**
  - (a) NUMBER OF VESSELS AT THE FACILITY AT ANY ONE TIME: AVE: \_\_\_\_\_ MAX: \_\_\_\_\_
  - (b) LENGTH OF STAY OF VESSEL AT THE FACILITY: AVE: \_\_\_\_\_ MAX: \_\_\_\_\_
  
11. **GENERAL:**
  - (a) ARE STEVEDORING JOBS PERFORMED AT THE TERMINAL? IF YES, PLEASE DESCRIBE THE LOADING / UNLOADING OPERATIONS: \_\_\_\_\_  
\_\_\_\_\_

(b) DOES THE APPLICANT HAVE A RESPONSIBILITY FOR CARGO-HANDLING OPERATIONS? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

(c) IS ANY CARGO STORED ON THE PREMISES? IF YES, PLEASE DESCRIBE ALL OF THE STORAGE FACILITIES, THE TYPE OF CARGO STORED, AND THE TOTAL VALUE OF CARGO STORED AT ANY ONE TIME: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. ANY OTHER COMMENTS / REMARKS RELEVANT TO THIS APPLICATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF. THIS APPLICATION WILL BE APPENDED TO THE POLICY.**

PRODUCER'S SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ TITLE: \_\_\_\_\_