

Application for Stevedores/Terminal Operators

Legal Liability Insurance

Atlantic Marine Underwriters Inc.

*Atlantic Marine Underwriters Inc., Atlantic House; 223 Kent Street West, Lindsay, Ontario K9V 2Z1
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Applicant's Name: _____ Broker's Name: _____

Address: _____ Address: _____

Name of Business: _____ Phone No: _____
Location of Operations: _____

Policy Period From: _____ To: _____ Limit Requested \$ _____ Deductible Requested \$ _____

Payroll Receipts and Tonnage History

Note: Please breakout by separate operation, if needed.

<u>Payroll</u>	<u>Receipts</u>	<u>Tonnage</u>
20	20	20
20	20	20
20	20	20

Payroll Receipts and Tonnage Anticipated

<u>Payroll</u>	<u>Receipts</u>	<u>Tonnage</u>
20	20	20

Stevedore Information

Does operation include lighterage? If so, percentage.

Describe all equipment and gear used for loading, unloading and handling of cargo.

Indicate which equipment or gear is owned, leased or rented.

Who operates the above described equipment and gear?

Types of cargoes handled and approximate ratio by volume?

b) If other bulk cargoes, indicate amount of each.

a) If scrap ore or pig iron, indicate amount of each.

Does Applicant operate under any written contracts? If yes, do they include:

a) Any hold harmless agreements?

b) Any provisions under which assured assumes liability?

Note: If the answer to a) and/or b) is yes, please furnish copies.

Terminal Information

Does the applicant operate at owned or leased terminal?

Indicate each location, and for each describe the building construction, age, size, sprinklers, and building contents, fire and E. C. rates.

Location 1

Location 2

Location 3

Describe security at each location. (i. e. fencing, alarms, guards, etc.).

Location 1

Location 2

Location 3

Indicate the average and maximum value at risk, any one time, at each location.

Location 1

Location 2

Location 3

Premium and Losses last five years, attach exhibit if needed.

Has a previous insurer ever cancelled or refused to renew similar risk?

Comments:

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 oblige me to accept the insurance, nor the company to accept the risk.

Date: _____

Applicants Signature: _____

Title: _____