



90 Park Avenue, 7th Floor
New York, NY 10016
Tel: (646) 227-10016
Fax: (646) 227-6785

APPLICATION FOR BUMBERSHOOT INSURANCE

1. **APPLICANT:** (Include all Companies to be insured):

2. **ADDRESS:**

3. **TELEPHONE:** _____ **FAX:** _____
4. **INSURED EMAIL ADDRESS:** _____
5. **OPERATIONS:**

6. **SIZE OF OPERATIONS:**
 - a. Payroll Annual: \$ _____
 - b. Receipts Annual: \$ _____
 - c. Annual Advertising Expenditure: \$ _____
 - d. No. of Employees (Excluding Shipboard): _____
 - e. No. of Shipboard: _____
7. **METHOD OF ADVERTISING:**

8. **DETAILS OF ON-SHORE OPERATIONS:**
 - a. Leased property for which applicant is responsible:

 - b. List docks, piers and terminal, etc., where applicant maintains cargo facilities:

 - c. Other property in applicant's care, custody and control:

9. **DETAILS OF ANY CONTRACTUAL LIABILITY AGREEMENT, OR GENERAL AGENCY AGREEMENT:**

10. **NUMBER OF AND TYPES OF OWNED AND/OR LEASED:**
 - a. Aircraft: _____



b. Watercraft (list "Oceangoing" vessels separately by name if possible):

11. PRIMARY INSURANCE COVERAGES AND EXPOSURES (If no known exposure, so indicate)

a. Amount of P & I ("List any unusual exclusions and indicate type of policy". Schedule vessels with separate values if possible and show insurance carrier).

b. Amount of Excess P & I Insurance and Carrier:

_____ Carrier: _____

c. Amount of War Risks P & I and Insurance Carrier:

_____ Carrier: _____

d. Amount of Deviation Liability Insurance and Insurance Carrier:

_____ Carrier: _____

e. Amount of "Cargo Bailee" or "Dock Liability" Insurance or Terminal Operators and Carrier:

_____ Carrier: _____

f. Amount of Hull Insurance and Carrier(Schedule, seperately and note any limitations on collision liability):

g. Amounts of Excess Collision and Excess Liability (GA Salvage, etc. and Carrier):

h. Amounts of Charterer's Liability, Stevedores Legal Liability, S. R. Legal Liabilities or Other Marine Legal or Contractual Liabilities (Specify type, amount and carrier):

i. Amounts and Insurance Carrier for Auto BI and PD (Give approximate number of vehicles):

j. Amounts and Carriers on Workmen's Compensation(Describe any Jones Act or Federal Longshoreman's Act exposures and give applicable payrolls):

k. Amount and Carriers for Advertisers Liability, Aircraft Liability, Malpractice, if applicable.



I. General Liability (Indicate limits and carrier)

12. **DETAILS OF LIABILITY LOSSES, INSURED OR UNINSURED, SETTLED OR PENDING EXCEEDING \$25,000 IN LAST FIVE YEARS.**

13. **DETAILS OF ANY SPECIFIC LIMITATIONS OR EXCLUSIONS IN PRIMARY INSURANCE NOT OTHERWISE NOTED:**

14. **DESCRIBE ANY KNOWN DEFICIENCIES OF INSURED OR ANY OTHER RELEVANT FACTS WHICH MIGHT EFFECT UNDERWRITER'S JUDGMENT WHEN CONSIDERING THIS APPLICATION:**

15. **LIMITS DESIRED:**

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.

Broker / Agent's Signature

Applicant's Signature

Company Name / Branch

Title

Date

Date