

BUMBERSHOOT APPLICATION

1. Name of Applicant and all Affiliated Companies, Domestic or Foreign: _____

2. PO Address: _____

3. _____ Corporation _____ Partnership _____ Individual

4. **COMPANY INFORMATION**

Name Of Entity	Description Of Operations	Area Of Activity	Years in Business

5. **REVENUES AND PAYROLLS**

Name Of Entity	Estimated Gross Revenue	Estimated Payroll	Number Of Employees

NON-MARINE EXPOSURES

6. List all premises OWNED AND/OR OCCUPIED by the Applicant with value in excess of \$25,000:

Description	% Occupied	Estimated Value	80% Building Fire Rate

7. Personal Property in Applicant's Care, Custody or Control where values exceed \$25,000:

8. Contractual Liability

Give details of written agreements other than those automatically covered by M&C policy:

9. Products Liability

LIST PRODUCTS:		LIST ESTIMATED ANNUAL SALES
Manufactured		
Sold		
Distributed		

10: **Professional Liability/Malpractice**

Give details of any activities which might involve malpractice and/or errors and omissions exposures: _____

Railroad Operations

Give details of any railroads owned, maintained or operated by Applicant: _____

Automobile Exposure

List the number of private passenger autos: _____

List the number of commercial vehicles: _____

	How Many	Operating Radius	Cargo Carried
Trucks			
Tractors			
Trailers			
Tankers			
Vans & Pickups			

MARINE EXPOSURES

17. List below any landing, pier or wharf leased or operated by the Applicant where non-owned vessels come under the care, custody or control of the applicant

Location	Estimated Annual Vessel Day(s)	River and Mile Marker	Estimated Gross Receipts

18. Describe below any marine terminal or stevedore operation of the Applicant:

Location	River and Mile Marker	Gross Receipts

19. Describe below any shipbuilding, ship repairing, or barge cleaning operation of the Applicant:

Location	Type of Operation	Gross Receipts

20. Does the Applicant engage in any gas freeing? _____ Yes _____ No

If yes, describe: _____

21. Does the Applicant ever charter or lease vessels? _____ Yes _____ No

If yes, describe: _____

22. Does the Applicant own, operate or charter any private pleasure craft?

_____ Yes _____ No If yes, describe: _____

23. Does the Applicant have exposure under the Longshoreman's and Harbor Workers' Act?

_____ Yes _____ No If yes, describe:

Number Of Employees	Payroll, If Any	Type of Work Performed

24. Schedule all commercial vessels the Applicant owns, leases, charters or operates:

Name	Type of Vessel	# of Crew	PRIMARY LIMITS		
			Hull Value	P & I	Coll. Towers

If more room is needed, continue on reverse side.

MARINE LIABILITY LOSSES (Five Year History, Over \$5,000)

Date of Loss	Description	Paid	Outstanding

If more room is needed, continue on reverse side.

**BUMBERSHOOT/EXCESS LIABILITIES APPLICATION
MARINA OPERATORS SUPPLEMENT**

RECEIPTS FROM OPERATIONS

BOAT STORAGE		RESTAURANT	
BOAT REPAIR		LIQUOR SALES	
MOORING/SLIPS		STORE SALES	
HAULING/LAUNCH		BOAT RENTAL	
BOAT SALES		BOATING INSTRUCTION	
FUELING		JET SKI RENTAL	

OPERATION EXPOSURES

NO. BLDGS. USED FOR BOAT STORAGE	
MAX. NO. BOATS STORED IN ONE BLDG.	
AVG. VALUE ANY ONE STORED BOAT	
NO. MOORINGS/SLIPS AVAILABLE	
AVG. VALUE ANY ONE BOAT IN SLIPS OR MOORINGS	
MAX. NO. SLIPS ANY ONE FINGER PIER	
TYPE OF REPAIR WORK DONE	
DESCRIBE BOATS SOLD	

ADDITIONAL EXPOSURES (CHECK IF APPLICABLE)

	SALVAGE OPERATIONS		HOTEL/MOTEL/RENTAL
	BOAT BUILDING		SWIMMING POOL
	SPONSORED RACES		OTHER (DESCRIBE)

SCHEDULE OF UNDERLYING INSURANCE

List all Liability and Compensation Policies to apply as Underlying Insurance

Type of Insurance	Insurance Company	Policy Period	Limits	Premium
General Liability				
Products Liability / Compl. Operations				
Automobile Liability				
Workers' Comp				
Other (Specify)				
NOTE: Minimum requirement is \$1,000,000 CSL and GL including Products and Auto				
MARINE EXPOSURES				
Hull & Machinery				
Protection & Indemnity				
Collision & Towers				
Barge Bailee				*
Ship Repairers				*
Pollution (OPA 90)				
MOLL				*
				* Rate if M & D
Other (Specify)				

Do above policies apply to all companies or operations? Yes No

Has any coverage listed above been cancelled or renewal refused within the last five years?

Yes No

If yes, state each coverage and the reason for cancellation or non-renewal: _____

Self-Insured Retention Limits Required: \$25,000 \$50,000 Other \$

Limit of Liability Required: \$ _____

Proposed Effective Date: _____

I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that underwriters shall rely upon the information and representations listed above heavily in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any.

It is further understood that this application shall be attached and form part of the policy, should one be issued.

Assured _____

Title _____

Date _____

Submitting Broker _____
