

APPLICATION FORM FOR STEVEDORE'S LEGAL LIABILITY

Agent / Broker's Code No.: _____

Named Insured: _____

Contact Person For Inspection and Telephone Number: _____

Mailing Address: _____ Year Business Started: _____ Website: _____

Other Named Insureds: _____

Policy Period From: _____ To: _____ Limit Required: _____ Deductible Required: _____

Account Details

Please Advise the Amount of Stevedoring Gross Receipts for the Last Two Years, and Your Projection for the Next 12 Months:

Year/Amount: _____ Year/Amount: _____ Projection: _____

Type of Cargo Handled

Non-Containerized Cargo	Tonnage	% of Total
Dry Bulk (specify)		
Break Bulk (specify)		
Scrap Metals		
Steel		
Automobiles/Vehicles (# of Units)		
Machinery/Electronics		
Refrigerated Cargoes		
Liquid Chemicals		
Bulk Mineral Oils		

Containerized Cargo	Tonnage	% of Total
20 ft. Containers		
40 ft. Containers		
Other Sizes (specify)		

Others (specify)	Tonnage	% of Total



Do You Own or Lease the Terminals You Service? _____

If You Lease:

Who Do You Lease From? _____

What Liabilities Do You Assume Under The Lease Agreement? _____

Cargo Handling Equipment:

Does the Applicant Use Ship or Dock Gear? _____

If Ship's Crew Operate Ship's Equipment, Under Whose Direction Do They Operate? _____

If Applicant Operates Dock Gear: _____

Identify the Type of Gear Used: _____

Is Gear Owned, Leased or Rented: _____

Who Provides the Equipment: _____

Miscellaneous:

Does the Applicant Ever Perform Lighterage Operations? Yes No

If Yes, What Percentage: _____%

Does the Applicant Operate Under Written Contracts? Yes No

If Yes, Are There Any Hold Harmless Agreements? Yes No

If Yes, Does the Applicant Assume Liability Beyond That Imposed by Law? Yes No

Please Explain All Yes Answers Given Above: _____

Does the Applicant Contract In Independent Stevedores? Yes No

If Yes, What % of Stevedoring Gross Receipts Are Derived There From? _____%

Premium and loss history

Year	Premiums Paid	Losses Paid	Number of Claims	Details of Accident

Hard copy loss statistics from previous insurers may be requested.



Special Information

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has Any Company Ever Cancelled Insurance for This Owner? Yes No

If Yes, With What Company and on What Terms? _____

Declaration

I/we warrant that the information provided in this Application for Insurance is complete and accurate and to the best of my/our knowledge and belief. It is my/our understanding the Insurers shall rely upon the information and representations listed herein in determining the acceptability, Premium and Conditions of Insurance.

It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of Insurance and denial of claims for recovery, if any.

It is further noted and understood that the applicant is under a continuing obligation immediately to notify Blue Aigaion Insurance Solutions of any material alteration to the nature, extent or size of the operation as described herein.

This Application Form shall be deemed to be attached and forms the basis of the Cover Note between the Assured and Blue Aigaion Insurance Solutions.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____

