

1. Name of Applicant and all Affiliated Companies (Domestic and Foreign): _____

2. Address: _____
 City/State/Zip _____

3. Corporation Partnership Individual

4. COMPANY AND AFFILIATED COMPANIES 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:

Bumbershoot Policy Application

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:

11. Railroad Operations

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

12. Automobile Exposure (Owned & Leased)

List the number of private passenger autos: _____

List the number of commercial vehicles: _____

TYPE		# OWNED	# NON-OWNED	#LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
Private Passenger								
Trucks	Light							
	Medium							
	Heavy							
	Extra Heavy							
Truck/ Tractors	Heavy							
	Extra Heavy							
Buses								
Trailers								
Tankers								

List the number and type of other vehicles not licensed for public road use (earthmovers, bulldozers, cranes, etc.):

Type of Vehicle	How Many

Bumbershoot Policy Application

13. Workers Compensation

Is Statutory Workers' Compensation carried? Yes No
 If not, is Applicant a qualified self-Insurer? Yes No
 Is any Excess Workers' Compensation Insurance Carried? Yes No

What is Employer's Liability Limit? _____ Each Accident
 _____ Disease-Policy Limit
 _____ Disease-Each Employee

What is Maritime Employers Liability Policy Limit? _____

14. 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

15. Aircraft Exposure

Describe owned aircraft: _____

Describe leased or chartered aircraft: _____

16. Advertising Exposure

Describe methods and expenditures: _____

Is an advertising agency used? Yes No

Is the internet used? Yes No If yes, explain: _____

17. Does Applicant do any blasting or use explosives? Yes No If yes, explain: _____

NON-MARINE LIABILITY LOSSES (Five Year History, Over \$25,000)

Date of Loss	Description	Paid	Outstanding

MARINE EXPOSURES

18. 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	Type of Vessel	Estimated Annual Vessel Day(s)	Type of Operation	Estimated Gross Receipts

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

Location	Type of Operation	Gross Receipts

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

Location	Type of Operation	Gross Receipts

21. Does the Applicant engage in any gas freeing? Yes No
If yes, describe: _____

22. Does the Applicant ever charter or lease vessels? Yes No
If yes, describe: _____

23. Does the Applicant own, operate or charter any private pleasure craft?
Yes No If yes, describe: _____

24. Does the Applicant have any Marina Operators operations?
Yes No If yes, please complete the Marina Operators Supplemental Application.

Bumbershoot Policy Application

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

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

MARINE LIABILITY LOSSES (Five Year History, Over 25,000)

Date of Loss	Description	Paid	Outstanding

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				
Employer's Liability				
Other (Specify)				
NOTE: Minimum requirement is \$1,000,000 CSL and GL including Products and Auto				
MARINE EXPOSURES				
Hull & Machinery				
Protection & Indemnity				
Collision & Towers				
Bailee (specify)				*
Ship Repairers				*
Pollution (OPA 90)				
Marina Operators				*
				* Rate if M & D
Other (Specify)				

Details of specific Limitations or Exclusions in Primary Insurance not otherwise noted:

Do above policies apply to all companies or operations? Yes No If No, explain:

Bumbershoot Policy Application

Has any coverage listed above been cancelled or renewal refused within the last five (5) years? (not applicable in MO)

Yes No

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

Details of any known deficiencies of Applicant or any other relevant facts which might affect Underwriter's judgement when considering this application: _____

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

Limit of Liability Required: \$ _____

Proposed Effective Date: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 in determining the acceptability, 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.

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Applicant Signature _____

Title _____

Date _____

Broker's Name & Address: _____

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

RECEIPTS FROM OPERATIONS

BOAT STORAGE		RESTAURANT	
BOAT REPAIR		LIQUOR SALES	
MOORING/SLIPS		STORE SALES	
HAULING/LAUNCHING		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	

Are you aware of any derelict or abandoned vessels at any locations? Yes No

If yes, please explain: _____

ADDITIONAL EXPOSURES (CHECK IF APPLICABLE)

<input type="checkbox"/>	SALVAGE OPERATIONS	<input type="checkbox"/>	HOTEL/MOTEL/RENTAL
<input type="checkbox"/>	BOAT BUILDING	<input type="checkbox"/>	SWIMMING POOL
<input type="checkbox"/>	SPONSORED RACES	<input type="checkbox"/>	OTHER (DESCRIBE)