



# AIG GLOBAL MARINE

## STEVEDORE'S AND TERMINAL OPERATOR'S LEGAL LIABILITY INSURANCE APPLICATION FORM

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**Please check one:**

- Stevedore's Legal Liability                       Stevedore's and Terminal Operator's  
Legal Liability.

**Section I – Production Agent/Broker:**

Name, address, telephone, and fax number of Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Retail Agent licensed in the state of the Applicant?     Yes             No

Is this a new account to the Agent?     Yes             No

If "No", how many years has account been held?    \_\_\_\_\_

**Section II – Applicant:**

Applicant's Name and Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Web site address: \_\_\_\_\_  
\_\_\_\_\_

Name of Principal(s) and/or Owner(s): \_\_\_\_\_  
\_\_\_\_\_

Period of time Applicant has been in the related business: \_\_\_\_\_  
\_\_\_\_\_

Period of time Applicant's company named herein has been operating at present address: \_\_\_\_\_  
\_\_\_\_\_

Please list ALL previously owned and/or associated and/or affiliated maritime-related companies that Applicant has been involved in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant and/or affiliated companies been involved in Bankruptcy proceedings?

Yes       No      If "Yes", please specify details on separate sheet.

Please provide full details of the nature and extent of the Applicant's operations, including those of any subsidiary and/or affiliated companies which Applicant is currently associated with:

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Does applicant engage in any of the following?      Wharehousing Operations:  Yes  
 No

Cargo handling including consolidation :  Yes  No      Wharfing:   
Yes  No

Please explain any "yes" answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III:**

1. Annual payroll for the last three years of all personnel engaged in stevedore operations to be covered by the policy: \_\_\_\_\_  
\_\_\_\_\_
2. Annual payroll for the last three years of all personnel engaged in terminal operations (other than stevedoring operations): \_\_\_\_\_  
\_\_\_\_\_
3. Number of vessels loaded or unloaded at the terminal: \_\_\_\_\_
4. Does operation include lighters?  Yes  No If yes, indicate percentage: \_\_\_\_\_
5. Is any car loading done?  Yes  No If yes, indicate percentage: \_\_\_\_\_
6. Does applicant operate with shore equipment?  Yes  No If yes, please describe equipment: \_\_\_\_\_  
\_\_\_\_\_
7. Is equipment owned or leased? Please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is leased equipment operated by the Applicant or owner's employees? \_\_\_\_\_  
\_\_\_\_\_
9. Types of cargo handled and approximate ratio by volume: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If scrap, ore, pig iron handled, give number of containers and type of cargo: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Any hazardous cargo handles or stored?  Yes  No If yes, please describe type and storage area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Give percentage of goods or commodities stored: \_\_\_\_\_  
\_\_\_\_\_
13. Raw materials (describe): \_\_\_\_\_  
\_\_\_\_\_
14. Goods particularly susceptible to damage by water or moisture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Does Applicant operate at owned or leased terminal?  Owned  Leased. Please list all terminal locations owned or leased by the applicant and give building contents fire and E.C. rates. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Are locations sprinklered?  Yes  No. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Is pier or berth owned or leased?  Owned  Leased  
➤ Please describe pier or berth facilities. Include depth of water alongside at mean low water: \_\_\_\_\_  
\_\_\_\_\_

➤ Who maintains pier or berth approaches? \_\_\_\_\_  
\_\_\_\_\_

18. Does applicant operate under any written contracts? Yes No. If yes, describe and attach to this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please list all claims for the past five years, itemizing the amounts paid or outstanding, the date and the nature of the loss. If further space is needed, use separate sheet.

Stevedore

Terminal Operator

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*\*\*\*\* Please include a map or sketch of all facilities. Also, please submit photographs if available \*\*\*\*\*

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 and rates and conditions of coverage. It is further understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further noted and understood that the Applicant is under a continuing obligation immediately to notify his Underwriters of any material alteration to the nature, extent or size of this operation as described herein.

