



STEVEDORE'S / TERMINAL OPERATOR'S LEGAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address:

3. Location of operations:

4. Years in business (under present management):

5. NATURE OF GOODS

	Nature of goods handled (past year)	Annual Tonnage
Goods		
Goods		
Goods		

a) Number of containers (past year):

b) Are any hazardous goods handled?
If Yes, describe:

Yes No

6. OTHER SERVICES

a) Describe – Line handling?

Yes No

b) Cleaning vessels?

Yes No

- c) Moving vessels? Yes No
- d) Repairs to vessels? Yes No

If Yes, describe:

7. ADDITIONAL INFORMATION

- a) Liability to vessels – Does the Applicant own/maintain the dock facilities? Yes No

b) Payroll: Current year: _____ Next year (estimated): _____

c) Gross Receipts: Current year: _____ Next year (estimated): _____

- d) Equipment – Is shore equipment owned by Applicant? Yes No

- e) Is shore equipment operated by Applicant? Yes No
 If not, by whom? _____

f) Crane(s) – Number: _____ Capacity: _____ Capacity: _____

- g) Ship's Gear – Are ship's cranes or other gear operated by applicant? Yes No

h) Other equipment: _____

i) Number of vessels loaded / unloaded during the past 12 months: _____

- j) Are railcars or vehicles loaded? Yes No

- k) Contracts – Does Applicant operate under written contract? Yes No

i. If Yes, are there "hold harmless" or release clauses? Yes No

ii. If Yes, please provide wordings.

l) Sub-Contracts – Is there any work sub-contracted? Yes No
If Yes, please describe arrangements:

m) Terminals – Does Applicant operate a terminal? Yes No
If Yes, please describe:

n) Construction / heating: _____ Cargo Stored/Maximum Value: \$

o) Are warehouse receipts issued? Yes No
If Yes, please provide copy.

p) Security – Is a watchman employed at all times when business not operating? Yes No

q) Are premises entirely fenced and floodlit? Yes No

r) Is there a guard at the gate at all times? Yes No

8. LOSS EXPERIENCE (During Previous Five (5) Years For All Coverages Being Requested)

Year	Premiums Paid	Loss Description	Losses Paid	Outstanding

9. INSURANCE DETAILS

a) Insurer: _____ Policy Number: _____

b) Number of Years with Current Insurer: _____

c) Have you ever had insurance cancelled? Yes No
If Yes, please provide details:

d) Limits of liability required: _____

e) Is liability for bodily injuries from stevedoring operations required?

Yes No

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**