

Applicant: _____
 Address: _____

Applicant's Website Address: _____

Proposed Effective Date: _____

Years in Business: _____ Deductible Desired: _____ Per Occurrence Limit Desired _____

1. **Location(s)** to be insured: (For additional locations, use additional sheets)

- A) _____

- B) _____

2. **Description:** For each location, please provide the following- (use additional sheets if needed)

- A) Tackle: Is ship's or shore based gear used: _____
- B) If ship's gear is used, describe supervision of crew: _____

- C) Describe any lifting gear, including mobile cranes and crane barges, operated by applicant:

- D) Are sub-contractors used for lifts? _____ How often?: _____
 If so, are certificates of insurance obtained? _____
- E) Are experienced union longshoremen used? _____

3. **Protection:** For each location, please provide the following- (use additional sheets if needed)

- A) Describe private fire protection: _____

- B) Distance to responding fire department: _____
- C) Are premises fenced from the land side? _____
- D) Any watchmen exclusively employed by applicant? _____

4. **Handling Performed**

- A) Intermodal Containers # of TEU's? _____ %
- B) Break Bulk _____ %
- C) Bulk Liquids Primary commodities: _____ %
- D) Bulk Dry Primary commodities: _____ %
- E) Refrigerated Cargoes Primary commodities: _____ %
- F) Other - Describe _____ %

G) Number and Type of Vessels handled annually:

H) If any lighterage operations conducted, describe:

I) Does applicant assume liability beyond what is imposed by law? If yes, describe:

J) Does applicant sub-contract to independent stevedores? _____
Is so, what percentage of stevedoring revenue is derived from work contracted to independents?

H) Is Tankerman's Liability-needed? _____

6. **Revenue** - List annual gross receipts for the last five years:

Year	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Estimated gross receipts for next 12 months: _____

7. **Loss Experience** (insured or not):

	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: _____

I hereby certify that the foregoing is a good faith representation of the information requested. I acknowledge that if this insurance is effected, material misrepresentation or concealment of any information voids this insurance.

(Name / Title)

Date

Vista Insurance Partners of Illinois, Inc.
6 West Hubbard Street - 4th Floor - Chicago, Illinois 60654
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