



Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Website Address: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Deductible Desired: \_\_\_\_\_ Per Occurrence Limit Desired \_\_\_\_\_

1. **Mooring Location(s)** to be insured, including number of berths for each: (For additional locations, use additional sheets)

- A) \_\_\_\_\_  
\_\_\_\_\_
- B) \_\_\_\_\_  
\_\_\_\_\_

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

- A) Construction: Describe construction and age of each mooring location:  
\_\_\_\_\_  
\_\_\_\_\_
- B) Exposures: Describe bridges, docks and locks within one mile of each mooring location, including distance to the nearest one:  
Upstream: \_\_\_\_\_  
\_\_\_\_\_  
Downstream: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C) Describe any lifting gear, owned or provided by applicant:  
\_\_\_\_\_  
\_\_\_\_\_
- D) Describe loading/unloading operations, including cargoes handled:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? If so, describe hours: \_\_\_\_\_  
\_\_\_\_\_

**4. Activity/Operations**

- A) Number of vessels docked at any one time: Average: \_\_\_\_\_ Maximum: \_\_\_\_\_
- B) Length of stay per vessel: Average: \_\_\_\_\_ Maximum: \_\_\_\_\_
- C) Number of vessel dockings last 12 months:
 

Dry Ocean Vessels: _____ %	Ocean Tanker Vessels: _____ %
Dry Cargo Barges: _____ %	Tank Barges: _____ %
Dry Lakes vessels: _____ %	Lakes Tanker Vessels: _____ %
Other Dry Vessels: _____ %	Other Tanker Vessels: _____ %
- D) Number of vessel docking projected for next 12 months: \_\_\_\_\_  
 Primary commodities: \_\_\_\_\_
- E) Refrigerated Cargoes \_\_\_\_\_  
 Primary commodities: \_\_\_\_\_
- F) Other - Describe \_\_\_\_\_
- G) How are vessels docked and moved - describe? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- H) Who does any towing/pushing to move barges? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Year	Receipts

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.  
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