



BUMBERSHOOT POLICY APPLICATION

Corporation

 Partnership

 Individual

1. Name of Assured.....
.....
2. Address.....
.....

CORPORATE INFORMATION

Name and Address of Entity	Description of Operations	Area of Activity	Year Started

REVENUES AND PAYROLL

Entity	Estimated Revenues	Estimated Payroll	Number of Employees

Payroll Summary:
 Maritime/Admiralty _____
 Federal Railroad Employees Act _____
 U.S.L. & H.W. or Outer Shelf Acts _____

VEHICLES AND AIRCRAFT (Owned, Leased or Chartered)

	Number	Type
Private Passenger		
Commercial *		
Vehicles not licensed for public roads		
Aircraft		
Pleasure Craft		

*List type of cargo carried and operating radius _____

List Flammable/Explosive substances, if any, transported and methods: _____



OWNED WATERCRAFT INFORMATION

Type of Vessel	P&I Limit	Collision and/or Towers	Crew	Passengers

P&I Premium and Carrier _____
 Principal Usage of vessels _____
 Navigations Limits on vessels _____
 Does P&I include crew? _____
 Watercraft coverage afforded under Primary CGL policies (if any): _____

GENERAL

ADVERTISING

Methods and expenditures: _____
 Agencies used: _____

CARE, CUSTODY OR CONTROL

Real Property leased by Applicant with valued excess of \$25,000 and state how insured: _____

 Personal Property in Applicant's care, custody or control where valued exceed \$25,000: _____

 List Dock, Piers and Terminals, etc. where cargo facilities are maintained: _____

CONTRACTUAL

Written Contracts and Details: _____

 Describe Contractual Coverage in primary policy: _____

PRODUCTS

List products manufactured, sold or distributed, and their estimated annual sales _____

PROFESSIONAL LIABILITY/MALPRACTICE

Give details of any activities, which might involve malpractice and/or errors and omissions exposures: _____

PROTECTIVE LIABILITY

Describe any construction or demolition work performed for Applicant by independent contractors: _____



Liberty
International
Underwriters.

PRIMARY INSURANCE SCHEDULE

	<u>Limits</u>	<u>Carrier</u>	<u>Est. Premium</u>
Worker's Compensation	_____	_____	_____
Employer's Liability ea. Accident	_____	_____	_____
Disease policy limit	_____		
Disease ea. Employee	_____		
Maritime	_____	_____	_____
Other than Maritime	_____	_____	_____
Occupational Disease	_____	_____	_____
Excess Worker's Comp.	_____	_____	_____
<u>Comprehensive General:</u>			
B.I. Limit	P.D. Limit	_____	_____
<u>Products/Completed Op.</u>			
B.I. Limit	P.D. Limit	_____	_____
<u>Comprehensive Personal</u>			
B.I. Limit	P.D. Limit	_____	_____
Advertisers	_____	_____	_____
Professional Malpractice	_____	_____	_____
<u>Aircraft</u>			
B.I. Limit	P.D. Limit	_____	_____
Passenger B.I.	_____	_____	_____
Pleasure Craft	_____	_____	_____
Other Marine Coverages			
	<u>Occurrence Limit</u>	<u>Carrier</u>	<u>Premium</u>
XS P&I;Collision/Towers * Liab.	_____	_____	_____
Cargo Legal Liability	_____	_____	_____
Operations/Charterers Liab.	_____	_____	_____
Marina Liability	_____	_____	_____
Wharfingers Legal Liability	_____	_____	_____
Stevedores Legal Liability	_____	_____	_____
Other-Tanker Charterer's Liability/ Pollution Liability	_____	_____	_____

* applicable to towing vessels

For any lines completed above, a copy of the primary application or an LIU supplementary application will be required.



Have higher limits been carried during the past 5 years? _____
 Is Applicant self-insured for any of the above coverages? If so, provide details _____

- | | | | | |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Personal Injury with Employee Exclusion Removed |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Blanket Contractual Liability |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Occurrence B.I. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Occurrence P.D. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Property in Applicant's care, custody or control |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Underground (Symbol d) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Blowout/Cratering (Symbol e) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Explosion/Blasting (Symbol x) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Collapse (Symbol c) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Underground (Symbol u) |

Other: _____

Specific exclusions or limitations in Primary (other those standard in Primary forms) _____

Other Pertinent Data: _____

LOSS HISTORY (5 years)

	<u>Description of Loss</u>	<u>Amount</u>	<u>Paid or Outstanding</u>
20	_____	_____	_____
20	_____	_____	_____
20	_____	_____	_____
19	_____	_____	_____
19	_____	_____	_____

Use additional pages to detail for major losses, unusual losses and recoveries.

