



**COMBINED WHARFINGER'S, STEVEDORE'S, TERMINAL OPERATOR'S  
AND TANKERMAN'S LIABILITY SUPPLEMENT**

**LOCATION NO. \_\_\_\_ OF \_\_\_\_ (PLEASE ATTACH A SEPARATE "GENERAL INFORMATION" SECTION (PAGES 1 & 2 OF THIS APPLICATION) FOR EACH LOCATION TO BE INSURED)**

**APPLICANT:**

NAME:

**ADDRESS / LOCATION:**

EXACT LOCATION/ADDRESS/MILE MARKER OF THIS FACILITY:

**I. GENERAL INFORMATION (TO BE COMPLETED BY ALL APPLICANTS):**

**1. FACILITY DESCRIPTION:**

PROVIDE A COMPLETE DESCRIPTION OF THIS FACILITY INCLUDING THE DOCKS, PIERS, WHARVES, BREASTING BARGES, BULKHEADS OR OTHER MOORING ARRANGEMENTS. ALSO INCLUDE A DESCRIPTION OFFICE STRUCTURES, WAREHOUSES, STORAGE TANKS AND OUTSIDE STORAGE AREAS. PLEASE PROVIDE A DIAGRAM OF THE FACILITY, IF AVAILABLE.

**2. OWNED OR LEASED FACILITY:**

IS THIS AN OWNED, LEASED OR THIRD PARTY FACILITY?

**3. ADJACENT EXPOSURES:**

	UPSTREAM	DOWNSTREAM
a. DISTANCES TO ADJACENT DOCKS OR FLEETING AREAS:		
b. DISTANCES TO MAJOR WATERWAY CONSTRUCTIONS / OBSTRUCTIONS (IE: BRIDGES, LOCKS, DAMS, ETC.)		

SPECIFY CONSTRUCTIONS:

**3. ADJACENT EXPOSURES (CONTINUED):**

c. DISTANCES TO MAJOR SHORESIDE CONSTRUCTIONS (IE: CHEMICAL PLANTS, BULK LIQUID TERMINALS, FERRY LANDINGS, ETC.)

SPECIFY CONSTRUCTIONS:

d. DESCRIBE THE PROPERTIES THAT ARE ADJACENT TO THIS LOCATION:

**4. DESCRIPTION OF OPERATIONS:**

PROVIDE A COMPLETE DESCRIPTION OF THE APPLICANT'S OPERATIONS AT THIS FACILITY:

**5. FIRE PROTECTION:**

a. PUBLIC FIRE DEPARTMENT:  PAID OR  VOLUNTEER? HOW FAR DISTANT? \_\_\_\_\_ MILES

b. PUBLIC FIRE HYDRANTS: HOW MANY? \_\_\_\_\_

c. REMARKS AND/OR OTHER FIRE PROTECTION MEASURES TAKEN:

**6. SECURITY:**

a. WATCHMEN: NO. EMPLOYED? \_\_\_\_\_ NO. EACH SHIFT? \_\_\_\_\_ ON DUTY 24 HOURS?  YES  NO

b. IS FACILITY FENCED WITH GUARD AT GATE AT ALL TIMES WHEN OPERATING?  YES  NO

c. REMARKS AND/OR OTHER SECURITY MEASURES TAKEN:

**7. INDICATE THE OPERATIONAL INFORMATION SUPPLEMENTS ATTACHED:**

<input type="checkbox"/> WHARFINGER'S	<input type="checkbox"/> TANKER MEN'S	<input type="checkbox"/> TERM. OPS. - LIQUID
<input type="checkbox"/> STEVEDORE'S	<input type="checkbox"/> TERM. OPS. - DRY	<input type="checkbox"/> OTHER:

**II. OPERATIONAL INFORMATION (COMPLETE THE APPROPRIATE OPERATIONAL INFORMATION SUPPLEMENTS FOR THE COVERAGE BEING REQUESTED):**

**A. WHARFINGERS:**

**1. FLEETING/SHIFTING/DOCKING OPERATION:**

a. HOW ARE VESSEL MOVEMENTS ACCOMPLISHED?
b. WHO MOVES THE VESSELS?
c. IS VESSEL MOVEMENT SUBJECT TO U.S. COAST GUARD REGULATIONS? ( ) YES ( ) NO IF YES, PROVIDE DETAILS:
d. HOW AND BY WHOM ARE VESSELS SECURED AT THE FACILITY:
e. IF THE ABOVE HAS NOT FULLY DONE SO, INDICATE HOW MUCH RESPONSIBILITY AND AUTHORITY THE APPLICANT HAS FOR VESSEL MOVEMENT:
f. PROVIDE DETAILS FOR ANY WATERCRAFT THAT ARE DOCKED AT YOUR FACILITY FOR EXTENDED PERIODS OF TIME. WHAT ARE YOUR CONTRACTUAL SAFE BERTH OR OTHER RESPONSIBILITIES FOR THESE WATERCRAFT?

**2. MARITIME HAZARDS:**

a. TIDAL RANGE: _____ FEET	b. MEAN WATER DEPTH: _____ FEET	c. EST. SPEED OF CURRENT: _____
d. FREQUENCY AND SEVERITY OF FLOODING / HIGH WATER:		
e. BREADTH OF RIVER/CHANNEL AT FACILITY: _____ FEET		
f. HOW FAR DO MOORED VESSELS EXTEND OUT INTO THE WATERWAY: _____ FEET		
g. DESCRIBE THE NATURE AND EXTENT OF ALL WATERBORNE TRAFFIC PASSING THE FACILITY:		

**3. GROSS SALES:**

WHAT ARE YOUR GROSS SALES FROM FLEETING / DOCKING / MOORING OPERATIONS?	\$ _____
---	----------

**4. DOCKINGS / VESSEL DAYS:**

VESSEL TYPE:	EXPOSURE PER ANNUM			AT RISK AT ANY ONE TIME	
	NO. OF DOCKINGS	AVERAGE NO. OF DAYS / DOCKING	TOTAL NO. OF DAYS PER ANNUM	MAXIMUM NO.	AVERAGE NO.
BARGES (DECK, CRANE, HOPPER):					
BARGES (TANK):					
"BLUE WATER" TYPE VESSELS:					
"BROWN WATER" MOTOR VESSELS:					
OTHER VESSELS (IDENTIFY):					

FULLY DESCRIBE THE PRINCIPAL COMMODITIES / CARGO CONTAINED IN THE ABOVE VESSELS:

**B. STEVEDORE'S LIABILITY:**

**1. MISCELLANEOUS**

a. DOES OPERATION INCLUDE LIGHTERAGE? IF YES, SHOW PERCENTAGE:	( ) YES ( ) NO _____ %
b. DOES APPLICANT ENGAGE IN STUFFING OR UNSTUFFING OF CONTAINERS?	( ) YES ( ) NO
c. DOES APPLICANT HANDLE ANY HEAVY LIFTS?	( ) YES ( ) NO
d. DOES APPLICANT UTILIZE UNION SUPPLIED LONGSHOREMEN?	( ) YES ( ) NO
e. DOES APPLICANT OPERATE UNDER WRITTEN CONTRACTS? IF YES, ARE THERE ANY HOLD HARMLESS AGREEMENTS? IF YES, DOES APPLICANT ASSUME LIABILITY BEYOND THAT IMPOSED BY LAW?	( ) YES ( ) NO ( ) YES ( ) NO ( ) YES ( ) NO
EXPLAIN ALL "YES" RESPONSES:	

**2. CARGO HANDLING EQUIPMENT:**

DOES APPLICANT USE SHIP OR DOCK GEAR	( ) SHIP ( ) DOCK
IF DOCK GEAR, IDENTIFY TYPE OF GEAR AND WHETHER IT IS OWNED, LEASED, OR RENTED AND WHO PROVIDES THE EQUIPMENT:	

**3. GROSS SALES:**

WHAT ARE YOUR GROSS SALES FROM YOUR STEVEDORING OPERATIONS?	\$ _____
---	----------

**4. CARGO HANDLED:**

	TONNAGE	NUMBER	PRINCIPAL CARGO HANDLED	PERCENTAGE OF TOTAL
a. OTHER THAN CONTAINERIZED:			1.	%
DRY BULK			2.	%
BREAK BULK			3.	%
SCRAP METALS			4.	%
STEEL			5.	%
AUTOMOBILES / VEHICLES			6.	%
b. CONTAINERIZED:			7.	%
TEU'S (FULL)			8.	%
TEU'S (EMPTY)			9.	%
c. OTHER (SPECIFY TYPE):			10.	%
				%
d. TOTAL:			TOTAL	100 %

**C. TANKERMAN'S LIABILITY:**

**1. MISCELLANEOUS:**

a. ARE ALL TANKERMEN U.S. COAST GUARD CERTIFIED?	( ) YES ( ) NO
b. HOW MANY EMPLOYEES CONDUCT TANKERMEN OPERATIONS?	#
c. DOES THE APPLICANT HAVE A TANKERMEN SAFETY AND TRAINING PROGRAM? IF YES, EXPLAIN BELOW.	( ) YES ( ) NO
d. DOES THE APPLICANT HAVE ANY CONTRACTUAL OBLIGATIONS THAT COULD AFFECT THIS INSURANCE? IF YES, EXPLAIN BELOW.	( ) YES ( ) NO

LIST THE PRINCIPAL ENTITIES OR CORPORATIONS FOR WHICH TANKERMEN OPERATIONS ARE PERFORMED:

REMARKS:

**2. GROSS SALES:**

WHAT ARE YOUR GROSS SALES FROM TANKERMAN'S OPERATIONS?	\$ _____
--	----------

**3. PRODUCT HANDLED:**

PRODUCT	PERCENT OF TOTAL	PRODUCT	PERCENT OF TOTAL
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

**D. TERMINAL OPERATOR'S FOR DRY ("NON" BULK LIQUID) PRODUCTS:**

**1. MISCELLANEOUS:**

a. DOES THE APPLICANT HAVE A STANDARD STORAGE CONTRACT? IF YES, PLEASE PROVIDE A COPY. IF NO, EXPLAIN UNDER WHAT TERMS THE PRODUCT IS STORED?	( ) YES ( ) NO
b. ARE YOU AWARE OF ANY CIRCUMSTANCE THAT MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS POLICY? IF YES, PLEASE EXPLAIN.	( ) YES ( ) NO

**2. SPECIALTY OPERATIONS - DOES THE APPLICANT:**

a. STUFF AND/OR UNSTUFF CONTAINERS?	( ) YES ( ) NO
b. PROVIDE CONSOLIDATION OR DE CONSOLIDATION SERVICES?	( ) YES ( ) NO
c. PROVIDE WAREHOUSE DISTRIBUTION SERVICES AND/OR FACILITIES?	( ) YES ( ) NO
d. REPAIR, CLEAN AND/OR STORE CONTAINERS AND/OR TANKS?	( ) YES ( ) NO
e. ISSUE WAREHOUSE RECEIPTS AND/OR PROVIDE LONG TERM STORAGE?	( ) YES ( ) NO
f. PROVIDE TEMPERATURE CONTROLLED WAREHOUSE FACILITIES?	( ) YES ( ) NO
g. PROVIDE FOR LOCAL COLLECTION OR DELIVERY SERVICES?	( ) YES ( ) NO
h. PROVIDE LONG DISTANCE HAULAGE?	( ) YES ( ) NO
i. OTHER (IDENTIFY):	( ) YES ( ) NO

EXPLAIN ALL "YES" RESPONSES:

**3. GROSS SALES:**

WHAT ARE YOUR GROSS SALES FROM YOUR TERMINAL OPERATIONS?	\$ _____
--	----------

**4. CARGO HANDLED:**

PRINCIPAL CARGOES HANDLED	PERCENTAGE OF TOTAL TONNAGE	PRINCIPAL CARGOES HANDLED	PERCENTAGE OF TOTAL TONNAGE
1.	%	4.	%
2.	%	5.	%
3.	%	6.	%

**5. METHOD OF TRANSPORTATION (PERCENT OF TOTAL TONNAGE HANDLED):**

	BY VESSEL	BY RAIL	BY TRUCK	BY OTHER
INCOMING:	%	%	%	%
OUTGOING:	%	%	%	%

**6. WAREHOUSE(S) DESCRIPTION:**

	CONSTRUCTION	IS BUILDING SPRINKLERED	SQUARE FEET OF STORAGE SPACE	EST. AVERAGE VALUE STORED AT ANY ONE TIME	EST. MAXIMUM VALUE STORED AT ANY ONE TIME	100% FIRE AND E.C. CONTENTS RATE
1.		( ) YES ( ) NO	SQ. FT.	\$	\$	%
2.		( ) YES ( ) NO	SQ. FT.	\$	\$	%
3.		( ) YES ( ) NO	SQ. FT.	\$	\$	%

**7. OUTSIDE STORAGE:**

DESCRIBE FACILITIES FOR OUTSIDE STORAGE. WHAT PRODUCTS ARE STORED OUTSIDE?
--

**8. STORAGE TIME:**

AVERAGE:	MAXIMUM:
----------	----------

**E. TERMINAL OPERATOR'S FOR "BULK LIQUID" PRODUCTS:**

**1. MISCELLANEOUS:**

a. ARE TANKS AND PIPELINES INDEPENDENTLY CERTIFIED PRIOR TO ANY PRODUCT BEING INTERCHANGED? IF NOT, EXPLAIN HOW CONTAMINATION IS AVOIDED.	( ) YES ( ) NO
b. WHEN DOES RESPONSIBILITY FOR THE PRODUCT START AND STOP (IE: STORAGE TANK FLANGE)?	
c. DOES THE APPLICANT HAVE A STANDARD STORAGE CONTRACT? IF YES, PLEASE PROVIDE A COPY. IF NO, EXPLAIN UNDER WHAT TERMS THE PRODUCT IS STORED?	
d. WHAT IS THE ACCEPTABLE SHORTAGE, LEAKAGE AND CONTAMINATION PERCENTAGE? IS THIS WRITTEN INTO YOUR CONTRACTS?	_____ % ( ) YES ( ) NO
e. ARE YOU AWARE OF ANY CIRCUMSTANCE THAT MIGHT REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS POLICY? IF YES, EXPLAIN.	( ) YES ( ) NO
f. DO YOU MIX AND/OR BLEND ANY PRODUCTS? IF YES, PLEASE PROVIDE FULL DETAILS:	( ) YES ( ) NO

**2. THROUGHPUT / RECEIPTS:**

THROUGHPUT:	RECEIPTS:
_____ BARRELS	\$ _____ GROSS (INCLUDING COST OF PRODUCT SOLD) \$ _____ NET (EXCLUDING COST OF PRODUCT SOLD)

**3. IDENTIFY EACH TANK:**

TANK NUMBER /I.D.	YEAR BUILT	CAPACITY (BARRELS)	MATERIAL	DATE LAST INSPECTED / CERTIFIED	IS TANK DEDICATED TO SINGLE PRODUCT?	PRINCIPAL PRODUCT(S) STORED
					( ) YES ( ) NO	
					( ) YES ( ) NO	
					( ) YES ( ) NO	
					( ) YES ( ) NO	
					( ) YES ( ) NO	

(ATTACH A SEPARATE SHEET, IF NECESSARY)

**4. IDENTIFY ALL PRODUCTS STORED AND THROUGHPUT AMOUNT FOR EACH:**

PRODUCT	ANNUAL THROUGHPUT (BARRELS)	% OF PRODUCT OWNED BY THE APPLICANT	PRODUCT	ANNUAL THROUGHPUT (BARRELS)	% OF PRODUCT OWNED BY THE APPLICANT
	BBLs.	%		BBLs.	%
	BBLs.	%		BBLs.	%
	BBLs.	%		BBLs.	%
			<b>TOTAL:</b>	<b>BBLs.</b>	<b>%</b>

(ATTACH A SEPARATE SHEET, IF NECESSARY)

**5. STORAGE TIME / TURNOVER:**

AVERAGE:	_____ DAYS	MAXIMUM:	_____ DAYS
----------	------------	----------	------------

**6. METHOD OF TRANSPORTATION (PERCENT OF TOTAL THROUGHPUT):**

	BY VESSEL	BY RAIL	BY TRUCK	BY PIPELINE
INCOMING:	%	%	%	%
OUTGOING:	%	%	%	%