

APPLICATION FOR EXCESS MARINE LIABILITIES

1.	APPLI	CANT: (include all Companies to be insured)	
2.	ADD	RESS:	
3.	OPEI	RATIONS:	
4.	SIZE OF OPERATIONS:		
	А	PayrollAnnual:	
	B.	ReceiptsAnnual:	
	C.	AnnualAdvertisingExpenditure:	
	D.	No.of Employees(ExcludingShipboard):	
	E.	No.of Shipboard:	
5.	MET	HOD OF ADVERTISING:	

Boston Marine Insurance Services LLC, PO Box 293, Randolph, MA 02368 Tel: 781-986-5050

6. DETAILS OF ON-SHORE OPERATIONS:

	Leased property for which applicant is responsible:
В.	List docks, piers and terminal, etc., where applicant maintains cargo facilities:
C.	Other property in applicant's care, custody and control:
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- 9. PRIMARY INSURANCE COVERAGES AND EXPOSURES: (If no known exposure, so indicate)
 - A. Amount P&I (List any unusual exclusions and indicate type of policy. Schedule vessels with separate values if possible and show insurance carrier.):
 - B. Amount Excess P&I Insurance and Carrier:
 - C. Amount War Risks P&I and Insurance Carrier:
 - D. Amount Deviation Liability Insurance and Insurance Carrier:
 - E. Amount "Cargo Bailee" or "Dock Liability" Insurance or Terminal Operators and Carrier:
 - F. Amount Hull Insurance and Carrier (Schedule separately and note any limitations on collision liability):
 - G. Amount on Excess Collision and Excess Liabilities (GA Salvage, etc. and Carrier):

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- H. Amount of Charterers Liability, Stevedores Legal Liability, S.R. Legal Liabilities or Other Marine Legal or Contractual Liabilities (Specify type, amount and carrier):
- Ι. General Liability (Indicate limits and carrier): 10. DETAILS OF LIABILITY LOSSES, INSURED OR UNINSURED, SETTLED OR PENDING EXCEEDING \$25,000 IN LAST FIVE YEARS: 11. DETAILS OF ANY SPECIFIC LIMITATIONS OR EXCLUSIONS IN PRIMARY INSURANCE (Not otherwise noted): 12. DESCRIBE ANY KNOWN DEFICIENCIES OF INSURANCE OR ANY OTHER RELEVANT FACTS WHICH MIGHT AFFECT UNDERWRITERS JUDGMENT WHEN CONSIDERING THIS APPLICATION:

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13. LIMITS DESIRED:

Broker/Agent's Signature

Applicant's Signature

CompanyName/Branch

Date

Date

Title

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