



### BUMBERSHOOT APPLICATION

1. Name of Applicant and all Affiliated Companies, Domestic or Foreign: \_\_\_\_\_  
\_\_\_\_\_

2. PO Address: \_\_\_\_\_

3. \_\_\_\_\_ Corporation      \_\_\_\_\_ Partnership      \_\_\_\_\_ Individual

4. **COMPANY INFORMATION**

Name Of Entity	Description Of Operations	Area Of Activity	Years in Business

5. **REVENUES AND PAYROLLS**

Name Of Entity	Estimated Gross Revenue	Estimated Payroll	Number Of Employees

NON-MARINE EXPOSURES

6. List all premises OWNED AND/OR OCCUPIED by the Applicant with value in excess of \$25,000:

Description	% Occupied	Estimated Value	80% Building Fire Rate

7. Personal Property in Applicant's Care, Custody or Control where values exceed \$25,000:

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8. Contractual Liability

Give details of written agreements other than those automatically covered by M&C policy:

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9. Products Liability

LIST PRODUCTS:		LIST ESTIMATED ANNUAL SALES
Manufactured		
Sold		
Distributed		

10: **Professional Liability/Malpractice**

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

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**Railroad Operations**

Give details of any railroads owned, maintained or operated by Applicant: \_\_\_\_\_

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**Automobile Exposure**

List the number of private passenger autos: \_\_\_\_\_

List the number of commercial vehicles: \_\_\_\_\_

	How Many	Operating Radius	Cargo Carried
Trucks			
Tractors			
Trailers			
Tankers			
Vans & Pickups			

List the number and type of other vehicles not licensed for public road use (earthmovers, bulldozers, cranes, etc.):

Type of Vehicle	How Many

13. **Workers Compensation**

- Is Statutory Workers' Compensation carried?  Yes  No
- If not, is Applicant a qualified self-Insurer?  Yes  No
- Is any Excess Workers' Compensation Insurance Carried?  Yes  No
- What is Employer's Liability Limit:  Each Accident  
 Disease-Policy Limit  
 Disease-Each Employee

14. **Aircraft Exposure**

- Describe owned aircraft: \_\_\_\_\_
- Describe leased or chartered aircraft: \_\_\_\_\_

15. **Advertising Exposure**

- Describe methods and expenditures: \_\_\_\_\_
- Is an advertising agency used?  Yes  No

- 16. Does Applicant do any blasting or use explosives? \_\_\_\_\_

NON-MARINE LIABILITY LOSSES

**(Five Year History, Over \$5,000)**

Date of Loss	Description	Paid	Outstanding

MARINE EXPOSURES

17. List below any landing, pier or wharf leased or operated by the Applicant where non-owned vessels come under the care, custody or control of the applicant:

Location	Estimated Annual Vessel Day(s)	River and Mile Marker	Estimated Gross Receipts

18. Describe below any marine terminal or stevedore operation of the Applicant:

Location	River and Mile Marker	Gross Receipts

19. Describe below any shipbuilding, ship repairing, or barge cleaning operation of the Applicant:

Location	Type of Operation	Gross Receipts

20. Does the Applicant engage in any gas freeing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Does the Applicant ever charter or lease vessels? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Does the Applicant own, operate or charter any private pleasure craft?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

23. Does the Applicant have exposure under the Longshoreman's and Harbor Workers' Act?

\_\_\_\_\_ Yes          \_\_\_\_\_ No          If yes, describe:

<b>Number Of Employees</b>	<b>Payroll, If Any</b>	<b>Type of Work Performed</b>

24. Schedule all commercial vessels the Applicant owns, leases, charters or operates:

<b>Name</b>	<b>Type of Vessel</b>	<b># of Crew</b>	<b>PRIMARY LIMITS</b>		
			<b>Hull Value</b>	<b>P &amp; I</b>	<b>Coll. Towers</b>

If more room is needed, continue on reverse side.

**MARINE LIABILITY LOSSES          (Five Year History, Over \$5,000)**

<b>Date of Loss</b>	<b>Description</b>	<b>Paid</b>	<b>Outstanding</b>

If more room is needed, continue on reverse side.

**BUMBERSHOOT/EXCESS LIABILITIES APPLICATION  
MARINA OPERATORS SUPPLEMENT**

**RECEIPTS FROM OPERATIONS**

BOAT STORAGE		RESTAURANT	
BOAT REPAIR		LIQUOR SALES	
MOORING/SLIPS		STORE SALES	
HAULING/LAUNCH		BOAT RENTAL	
BOAT SALES		BOATING INSTRUCTION	
FUELING		JET SKI RENTAL	

**OPERATION EXPOSURES**

NO. BLDGS. USED FOR BOAT STORAGE	
MAX. NO. BOATS STORED IN ONE BLDG.	
AVG. VALUE ANY ONE STORED BOAT	
NO. MOORINGS/SLIPS AVAILABLE	
AVG. VALUE ANY ONE BOAT IN SLIPS OR MOORINGS	
MAX. NO. SLIPS ANY ONE FINGER PIER	
TYPE OF REPAIR WORK DONE	
DESCRIBE BOATS SOLD	

**ADDITIONAL EXPOSURES (CHECK IF APPLICABLE)**

<input type="checkbox"/>	SALVAGE OPERATIONS	<input type="checkbox"/>	HOTEL/MOTEL/RENTAL
<input type="checkbox"/>	BOAT BUILDING	<input type="checkbox"/>	SWIMMING POOL
<input type="checkbox"/>	SPONSORED RACES	<input type="checkbox"/>	OTHER (DESCRIBE)

**SCHEDULE OF UNDERLYING INSURANCE**

List all Liability and Compensation Policies to apply as Underlying Insurance

Type of Insurance	Insurance Company	Policy Period	Limits	Premium
General Liability				
Products Liability / Compl. Operations				
Automobile Liability				
Workers' Comp				
Other (Specify)				
NOTE: Minimum requirement is \$1,000,000 CSL and GL including Products and Auto				
<b>MARINE EXPOSURES</b>				
Hull & Machinery				
Protection & Indemnity				
Collision & Towers				
Barge Bailee				*
Ship Repairers				*
Pollution (OPA 90)				
MOLL				*
				* Rate if M & D
Other (Specify)				

Do above policies apply to all companies or operations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any coverage listed above been cancelled or renewal refused within the last five years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state each coverage and the reason for cancellation or non-renewal: \_\_\_\_\_  
 \_\_\_\_\_

Self-Insured Retention Limits Required: \_\_\_\_\_ \$25,000 \_\_\_\_\_ \$50,000 \_\_\_\_\_ Other \$

Limit of Liability Required: \$ \_\_\_\_\_

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

I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that underwriters shall rely upon the information and representations listed above heavily in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any.

It is further understood that this application shall be attached and form part of the policy, should one be issued.

Assured \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Submitting Broker \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_