



# Bumbershoot application

1. Name of applicant and 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. Operation revenues and payrolls

Operation or 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	*0% building fire rate

7. Personal property in applicant's care, custody or control where values exceed \$25,000:

8. **Contractual Liability**

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

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:

11. **Railroad**

Give details of any railroads owned, maintained or operated by applicant

**12. Automobile exposure**

	How many	Operating radius	Cargo carried
Private passenger			
Light trucks (pickups)			
Medium trucks			
Heavy trucks			
X heavy trucks			
Tractors			
Vans (passenger)			
Buses			

**Automobile losses (please provide details on all losses above \$100,000)**

Year	Policy term	Claim count	Total incurred ground up	Valuation date
Current year				
1 <sup>st</sup> year prior				
2 <sup>nd</sup> year prior				
3 <sup>rd</sup> year prior				
4 <sup>th</sup> year prior				

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**

Date of loss	Description	Paid	Outstanding

**Marine exposure**

**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

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**20. Does the Applicant engage in any gas freeing?** **Yes**   **No**  
If yes, describe:

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**21. Does the Applicant ever charter or lease vessels?** **Yes**   **No**  
If yes, describe

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**22. Does the Applicant own, operate or charter any private pleasure craft?**  
Yes      No                                      If yes, describe

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

Yes      No                                      If yes, describe

Number of employees	Payroll, if any	Type of work performed

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

				Primary limits	
Name	Type of vessel	# of crew	Hull value	P&I	Coll. towers

If more room is needed, continue on reverse side.

**Marine liability losses** (Five year history, over \$5,00)

Date of loss	Description	Paid	Outstanding

If more room is needed, continue on reverse side

Boat storage		Restaurant	
Boat repair		Liquor sales	
Mooring/slips		Store sales	
Hauling/launching		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

#### Marine exposure

Hull and machinery				
Products liability / compl. Operations				
Collision and 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**

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**Title**

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**Date**

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**Submitting broker**

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