OCEAN MARINE INSURANCE
BUMBERSHOOT POLICY APPLICATION

ACE USA, INC.

140 Broadway, 40th Floor
New York, NY 10005
Telephone: 646-458-7000
FAX: 646-458-6826

1. Name of applicant and all Affiliated Companies Domestic or Foreign:

_____

_____

_____

2. P.O. Address: _____

3. _____ COPORATION _____ PARTNERSHIP _____ INDIVIDUAL

4. Company Information

	Name of Entity	Description of Operation	Area of Activity	Years in Business
A.				
B.				
C.				
D.				
E.				

5. Revenues And Payrolls

	Name of Entity	Estimated Gross Revenues	Estimated Payroll	Number of Employees
A.				
B.				
C.				
D.				
E.				

NON-MARINE EXPOSURES

6. List all premises occupied but NOT OWNED by the applicant with value in excess of $25,000.

	Description	% Occupied	Estimated Value	80% Building Fire Rate
A.				
B.				
C.				

7. Personal Property in Applicants 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**
A. Manufactured	
B. Sold	
C. Distributed	

10. Professional Liability/Malpractice
Give details of any activities, which might involve malpractice and/or errors and omissions exposures

_____

_____

_____

11. Railroad Operations
Give details of any railroads owned, maintained or operated by Applicant

_____

_____

12. Automobile Exposure
List the number of private passenger autos _____
List the number of Commercial Vehicles _____

		Operating Radius	Cargos Carried
TRUCKS			
TRACTOR			
TRAILERS			
TANKERS			
VANS & PICKUPS			

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

_____

_____

13. Workman's Compensation

A. Is Statutory Workman's Compensation carried?	YES _____	NO _____
B. If not, is applicant a qualified self-insurer?	YES _____	NO _____
C. Is any excess Workman's Compensation Insurance carried?	YES _____	NO _____
D. What is Employer's Liability Limit?	$ _____	

14. Aircraft Exposure

A. Describe owned aircraft;

_____

_____

B. Describe leased or chartered aircraft;

15. Advertising Exposure

A. Describe methods and expenditures;

B. Is an Advertising Agency used? YES _____ NO _____

16. Does applicant do any blasting or use explosives? YES _____ NO _____

NON-MARINE LIABILITY LOSSES
(5 year history; over $5,000)

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 Days	River and Mile Marker	Estimated Gross Receipts
A.				
B.				
C.				

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

	Location	River and Mile Marker	Gross Receipts
A.			
B.			

C. _____

19. Describe below any shipbuilding, shiprepairing, or barge cleaning operation of the applicant.

	Location	Type of Operation	Gross Receipts
A.			
B.			
C.			

20. Does the applicant engage in any gas freeing? If yes, describe; YES _____ NO _____

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 Worker's act? YES _____ NO _____
If yes, describe; _____

No. of Employees	Payroll, if any	Type of Work Performed

24. Schedule all commercial vessels the applicant owns, leases, charters or operates. If more room is needed continue on reverse side.

PRIMARY LIMITS					
Name	Type of Vessel	No. of Crew	Hull Value	P&I	Coll. Towers

MARINE LIABILITY LOSSES
(5 year history; claims of $5,000)

Date of Loss	Description	Amount Paid	Outstanding

Date of Loss	Description	Amount Paid	Outstanding

(If more room is needed, please use reverse side).

SCHEDULE OF UNDERLYING INSURANCES

List all Liability and Compensation Policies to apply as underlying Insurance.

Type of Insurance	Insurance Company	Policy Period	Limits	Premium
General Liability				
Products Liability				
Auto Liability				
Workman's Compensation				
Other (Specify)				

Note: Minimum requirement is $1,000,000. C.S.L. and G.L. including products and Auto.

MARINE EXPOSURES

Type of Insurance	Insurance Company	Policy Period	Limits	Premium
Hull & Machinery				
Protection & Indemnity				
Collision & Towers				
Barge Bailee				Rate if M & D
Shiprepairers				Rate if M & D

Note: All Underlying Companies Must Be Best's Rated B+ X or Better.

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

Has any coverage listed above been cancelled or renewal refused within the last 5 years? If so, state each coverage and the reason for cancellation or non-renewal.

SELF-INSURED RETENTION LIMITS REQUESTED. 25,000 _____ 50,000 _____ Other _____

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 to and form part of the policy should one be issued.

Assured _____

Titled _____

Date _____

Submitting Broker _____