



Dallas  
P: (972) 789-1962  
F: (972) 789-1967

Houston  
P: (281) 759-4855  
F: (281) 759-7245

hullandco-texas.com

OPERATIONS  
Wharfingers / Landing Owners Legal Liability  
Application Supplement

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE \_\_\_\_\_ OF THE COMPANY, PLEASE ANSWER "NOT APPLICABLE" OR "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION IT RESPONDS TO. LEAVE NO SPACE ANK.

1. Name of Applicant: \_\_\_\_\_

2. Location of mooring facilities

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

3. Distance from nearest dock, bridge or lock (explain in detail)

Upstream \_\_\_\_\_

Downstream \_\_\_\_\_

4. Describe mooring facilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe Cargo Unloading operation including types of cargo and equipment used \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Watchman Service: How Many \_\_\_\_\_ Is service provided 24 Hours per day \_\_\_\_\_ Watch Clock  Yes  No

7. Fire Protection Municipal or Volunteer \_\_\_\_\_ Distance From Facility \_\_\_\_\_

8. Type and number of vessels docked for expired policy year:

Ocean Vessels	Dry Cargo_____	Tankers_____
Lakers	Dry Cargo_____	Tankers_____
Barges	Dry Cargo_____	Tankers_____
Other	_____	

9. Maximum size of vessel capable of being handled by the facility. Give tonnage & length:

\_\_\_\_\_

10. Average size of vessel handled by the facility. Give tonnage & length:

\_\_\_\_\_

11. How are vessels docked and by whom are vessels moved?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. How and by whom are vessels secured at the facility?\_\_\_\_\_

\_\_\_\_\_

13. If towing and switching operations are done by others, please give details of vessel and towage contracts.

\_\_\_\_\_

\_\_\_\_\_

14. Are vessels fleeted or otherwise kept in waiting before or after using the facility? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

15. Number of berths at the facility:

a) Number of vessels at the facility at any one time: Average:\_\_\_\_\_ Maximum:\_\_\_\_\_

b) Length of stay of vessel at facility: Average:\_\_\_\_\_ Maximum:\_\_\_\_\_

16. Anticipated number of vessels docking during the next 12 months:\_\_\_\_\_

17. Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant:

\_\_\_\_\_

Reason: \_\_\_\_\_

a) Present insuring company \_\_\_\_\_

18. Attach a copy of docking agreement.

19. Loss History. List all claims/occurrences made against you during the past five (5) years resulting from operations covered by this form of policy. If “none”, state “none”.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt. of Loss before any deductible	Current Status Paid or Outstanding

PLEASE ATTACH YOUR AUDITED FINANCIAL STATEMENT. FAILURE TO PROVIDE AN AUDITED FINANCIAL STATEMENT MAY RESULT IN A PREMIUM SURCHARGE.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

PRODUCER’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

