

1. APPLICANT: (Include all Companies to be Insured)

2. ADDRESS:

3. OPERATIONS:

4. SIZE OF OPERATIONS:

A. Payroll Annual _____

B. Receipts Annual _____

C. Annual Advertising Expenditure _____

D. No. of Employees (Excluding Shipboard) _____

E. No. of Shipboard Employees _____

5. METHOD OF ADVERTISING:

6. DETAILS OF ON-SHORE OPERATIONS:

A. Leased property for which applicant is responsible:

B. List docks, piers and terminal, etc., where applicant maintains cargo facilities:

C. Other property in applicant's care, custody and control:

7. DETAILS OF ANY CONTRACTUAL LIABILITY AGREEMENT, OR GENERAL AGENCY AGREEMENT:

8. NUMBER OF AND TYPES OF OWNED AND/OR LEASED:

A. Vehicles

TYPE		# OWNED	# NON-OWNED	#LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
Private Passenger								
Trucks	Light							
	Medium							
	Heavy							
	Extra Heavy							
Trucks/ Tractors	Heavy							
	Extra Heavy							
Buses								

B. Watercraft: (List "Oceangoing" vessels separately by name if possible)

C. Aircraft:

9. PRIMARY INSURANCE COVERAGES, LIMITS, AND PREMIUMS:

A. Non-Marine Liability Limits and Premiums:

COVERAGE	EFF. DATE	LIMIT(S)		CARRIER & POLICY #	ANNUAL RENEWAL PREMIUM
General Liability		Each Occurrence:			
		Pers & Adv Injury:			
		Prod/Compl Ops Aggr:			
		Gen'l Aggr:			
		Fire Damage:			
		Med Expense:			
Auto Liability		CSL:			
		BI:			
		PD:			
Worker's Compensation		Statutory			
Employers Liability		Each Accident			
		Each Disease			
		Each Employee			

B. Marine Liability limits and Premiums:

COVERAGE	EFF. DATE	LIMIT(S)	CARRIER & POLICY #	ANNUAL RENEWAL PREMIUM
Protection & Indemnity				
Collision Liability				
Tower's Liability				
Vessel Pollution Liability				
Maritime Employers Liability				
Marina Operator's Legal Liability				
Shiprepairer's Legal Liability				
Marine Terminal Operator's Liability				

C. Underlying Coverage Details

Please provide details of coverage, including forms, coverage extensions, exclusions, endorsements, etc.

1. General Liability

2. Protection & Indemnity including Collision & Tower's Liability

3. Vessel Pollution Liability

4. Maritime Employer's Liability

5. Marina Operator's Legal Liability, Shiprepairer's Legal Liability, Marine Terminal Operator's Liability including Wharfinger's and/or Stevedore's Liability, Charterer's Liability or Marine Legal or Contractual Liabilities (Specify type)

6. Other Excess Liabilities

7. Hull Insurance (Schedule separately and note any limitations on collision and/or tower's liability)

D. Terrorism Coverage – Indicate which underlying insurances contain TRIA coverage and/or any other Terrorism coverage

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 INSURED OR ANY OTHER RELEVANT FACTS WHICH MIGHT AFFECT UNDERWRITER'S JUDGEMENT WHEN CONSIDERING THIS APPLICATION:

13. LIMITS DESIRED:

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____