

# WHARFINGER/LANDING DOCK BAILEE SUPPLEMENT

Complete one copy for each location.

## GENERAL INFORMATION

1. Named insured:	
2. Exact location of facility and years the applicant has been at this location:	
3. Describe fully the nature and extent of all waterborne traffic passing the facility:	
4. Distances to adjacent docks:	Upstream:                      Downstream:
5. Distances to major waterway constructions/obstruction (e.g. fleeting locations, bridges, locks, dams, etc):	Upstream:                      Downstream: Specify constructions:
6. Distances to major shoreside constructions/obstructions (e.g. chemical plants, ferry landings, etc):	Upstream:                      Downstream: Specify constructions:
7. Maritime hazards:	
a) Tidal range:	
b) Mean water depth:	
c) Speed of current:	
d) Frequency and severity of flooding/high water:	
e) Breadth of river/channel at location:	

## FLEETING/SHIFTING/DOCKING OPERATIONS

8. How are vessels' movements accomplished?	
9. By whom are the vessels moved?	
10. Is vessel movement subject to coast guard regulations? <i>(If yes, please provide details)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. How and by whom are vessels secured at the facility?	
12. Are vessels fleeted or otherwise kept in waiting before or after being serviced at the facility?	
13. If questions 8-12 have not fully explained, indicate how much responsibility and authority the applicant has for vessel movement:	

## DOCKING FACILITIES

14. Number of berths:	
15. Number of vessels at facility at any one time:	Maximum:                      Average:
16. Length of stay of vessel in berth:	Maximum:                      Average:
17. Length of stay of vessel at facility:	Maximum:                      Average:



**LIG Marine Managers**

490 1st Ave S, Suite 150, St. Petersburg, FL 33701

(727) 578-2800

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## VESSELS SERVICED

18. Indicate the number of vessels serviced per year for each category in the chart below.

Service	Ocean Vessels (Including Coastal)	Great Lakes	Barges
Dry Cargo			
Tankers			

19. If there are other categories other than the ones listed above, please provide and list the number of vessels serviced per year for the following:

Dry Cargo:  
Tankers:

20. If figures listed in #18 above vary greatly from projections for the upcoming year, please detail activity projections:

## CARGO HANDLING OPERATIONS

21. Describe loading/unloading operations:

22. Does the applicant have any responsibility for the above-described operations?  
*(If yes, please provide details)*

Yes  No

23. Is any cargo stored on the premises?  
*(If yes, describe applicant's responsibilities for cargo)*

Yes  No

24. Is the applicant responsible/does the applicant own any trucks, rail cars, or other vehicles which are in use on the premises?  
*(If yes, describe responsibilities)*

Yes  No



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## SAFETY/SECURITY

25. Describe the nature and extent of any fire protection available at the facility, including distances to municipal, county, or other fire department stations as well as distance to public fire hydrants:	
26. Indicate the A.I.A. fire protection rating for the area:	
27. Is regular 24-hour watchman service maintained at the facility? <i>(Describe fully)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## CONTRACTS

28. Does the applicant have any contracts either limiting or extending the liabilities imposed on him by law? <i>(If yes, please describe)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Please attach a map or sketch of the facility and its surroundings.**

I/we hereby declare that the above information and are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

### APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



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