



Application for Commercial Hull/P&I Insurance

Section I – Producing Broker / Agent

Name of Broker / Agent: _____

Is this account new to Broker / Agent? ___ Yes ___ No Is the Broker / Agent licensed in this state? ___ Yes ___ No

If no, how many years has account been held: _____

Section II – Applicant Information

Name of Applicant: _____

Address: _____

Name of principals and/or owners: _____

Period Applicant has operated vessels: _____

Please list all previously owned and/or affiliated and/or associated maritime related companies: _____

Has insured and/or its affiliated companies been involved in bankruptcy proceedings? ___ Yes ___ No If yes, please provide details separately.

Description of operations: _____

Specify navigational limits required: _____

Period of coverage required: From: _____ To: _____

Section III – Loss Prevention

Is there a formal loss prevention program: ___ Yes ___ No If yes, please provide details separately.

Have the Applicant’s operations been subject to an independent audit: ___ Yes ___ No If yes, please provide details separately.



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Section IV – Current Policies

Has the Applicant and/or affiliated companies been denied coverage or been subject to cancellation by underwriters?

___Yes ___No

If yes, please provide details separately.

Name of current insurer: _____

Number of years with current insurer: _____

Date of policy expiration: _____

Section V – Loss Information

Please provide an incident listing for the each of the past five (5) years. The list must include all previously closed claims, including those listed without payment. All incidents whether an 'estimate of loss' has been set or note, and all other claims where estimates have been set and/or payments made.

(N.B. All figures should contain legal fees and/or expenses)

The above information must be reported for all vessels operated by the insured and/or affiliated companies for the previous five years, whether or not the vessels appear on the attached schedule, and displayed in the format set out below.

Vessel	Date of Loss	Deductible	Net Paid Amount	Reserve Amount	Open / Closed	Details of Loss



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Section VI – Crew Information

Total number of crew employed by insured: _____

Total gross payroll for crew for last 12 months: _____

Maximum number of crew working any one time: _____

Does crew work on a 'shift' basis? If yes, specify: ___Yes ___No

A) Period of time for each 'shift': _____

B) Number of 'shifts' in any one 24-hour day: _____

C) Number of crew assigned to each 'shift': _____

Does the crew from one 'shift' remain on board after being relieved by the next 'shift'? ___Yes ___No

Is the crew issued "deck hand" manuals? ___Yes ___No

Are the crew employed through crew agencies / labor pools? ___Yes ___No

Section VII – Vessel Details

Hull Coverage

Name of Vessel	Year Built	Gross Ton.	Material of Hull	Type of Propulsion & H.P.	Type of Vessel	Length & Beam	Date of Last Dry Dock	Desired Amount of Insurance



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Protection & Indemnity Coverage

Name of Vessel	Type of Cargo Carried	No. Crew (excl. Owner)	Max No. of Passengers Cert. by U.S.C.G.	Liability of Vessels & Cargo in Tow Desired	Desired Amount of Insurance



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Section VIII – Declaration

It is understood and agreed that the application form signed by the Applicant, is required for coverage and that underwriters hereon rely upon the information to determine the acceptability, rates and coverage.

It is further understood and agreed that any misrepresentation or omission shall constitute ground for immediate cancellation of coverage and denial of claims, if any.

It is further understood and agreed that the Applicant and/or affiliated company is under a continuing obligation to notify his underwriters of any material alteration to any information which has been given in the foregoing application.

Signature: _____

Applicant Name: _____

Title: _____

Date: _____