

1. **Producing Agent/Broker:**

Name of Agent:

Is this a new account to the Agent?                    \_\_\_ Yes                    \_\_\_ No

If no, how many years has account been held?                    \_\_\_ Years

2. **Applicant:**

Name and address of Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Principal(s) and/or owner(s): \_\_\_\_\_

Date Company was established: \_\_\_\_\_

Period Applicant has operated vessels?                    \_\_\_ Years

Has the Applicant and/or its affiliated companies been involved in bankruptcy Proceedings?                    \_\_\_ Yes                    \_\_\_ No

If yes, please specify details on separate sheet.

Description of ALL operations: \_\_\_\_\_

Details of navigational limits required: \_\_\_\_\_

Limit of coverage required:                    \$ \_\_\_\_\_

Requested Deductibles:                    Hull \_\_\_\_\_                    P&I \_\_\_\_\_

Period of coverage required: \_\_\_\_\_

Is the principal the manager?                    \_\_\_ Yes                    \_\_\_ No

If no, please complete the following for full details of the independent Manager employed:

Name of Manager(s) and/or owner(s): \_\_\_\_\_                    Date Established: \_\_\_\_\_

Period Manager has operated vessels?                    \_\_\_ Years

Has the Manager and/or its affiliated companies been involved in bankruptcy proceedings?                    \_\_\_ Yes                    \_\_\_ No

If yes, please specify details on separate sheet.

What is the nature of the Managers operations? \_\_\_\_\_

3. **Loss and Safety/Prevention:**

Have your operations been subject to an independent safety audit?

\_\_\_ Yes \_\_\_ No

If Yes, please provide a copy of the report.

Is there a Formal Loss and Safety program in place?

\_\_\_ Yes \_\_\_ No

If Yes, please provide a copy.

Please provide details and a copy of the Insured's written Hurricane Plan procedures in force.

4. **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:

Is a Personal Accident Policy / Health Care Plan in force?

\_\_\_ Yes \_\_\_ No

Is a Maritime Employer's Liability policy in force?

\_\_\_ Yes \_\_\_ No

Is a Comprehensive General Liability policy in force?

\_\_\_ Yes \_\_\_ No

If yes, is a) the 'watercraft exclusion' deleted?

\_\_\_ Yes \_\_\_ No

b) Is 'contractual cover' included?

\_\_\_ Yes \_\_\_ No

Name of current H&M/P&I Insurer: \_\_\_\_\_

Number of years insured by current Insurer: \_\_\_\_\_ Years

Date of current policy expiration: \_\_\_\_\_

Current policy deductible amounts: Hull \_\_\_\_\_ P&I \_\_\_\_\_

5. **Crew/Employees/Others:**

Total number of crew employed: \_\_\_\_\_ Max. number of crew working A.O.T. : \_\_\_\_\_

Do the crew work on a 'time shift' basis? \_\_\_ Yes \_\_\_ No

If Yes, please specify:

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': \_\_\_\_\_

Do the crew from one 'shift' remain on board after being relieved by the next 'shift'?  Yes  No

Are the crew issued with 'The Deck Hand Manual'?  Yes  No

Please give details of any pre-employment program carried out by the Applicant for any new crew: \_\_\_\_\_

Number of employees on board other than crew specified herein: \_\_\_\_\_

Describe the circumstances under which these other employees are on board Applicant's vessels:  
\_\_\_\_\_

Are there any 'third party' personnel quartered on or working from the scheduled vessels?  Yes  No

Describe the circumstances under which these 'third party' personnel are on board Applicant's vessels:  
\_\_\_\_\_

Are such 'third party' personnel quartered on or working from the scheduled vessels under a contract?  Yes  No

If Yes, please give details of work carried out by them and the insurance requirements of your contract (which if written please provide copy of said contract).  
\_\_\_\_\_

Are the Crew Currently employed or are they engaged through a Crewing agency: \_\_\_\_\_

If a Crewing agency, please specify which one: \_\_\_\_\_

Please provide details of training programs: \_\_\_\_\_

**6. Vessel Details:**

Vessel Name: \_\_\_\_\_ GRT: \_\_\_\_\_ Year Built: \_\_\_\_\_

Type of vessel: \_\_\_\_\_ Construction material: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Does vessel carry cargo?  Yes  No

Date acquired: \_\_\_\_\_ Date of last engine overhaul: \_\_\_\_\_

Insured value: \$ \_\_\_\_\_

Number of crew: \_\_\_\_\_ Number of other employees: \_\_\_\_\_

Is this vessel used to carry passengers?  Yes  No

If Yes, specify U.S. Coast Guard passenger capacity limitation: \_\_\_\_\_

Are passengers issued with a Standard Passenger Ticket?       Yes       No

If Yes, please give details:

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**Details of vessels to be Insured:**

Please provide details where the vessels have been converted, or under long term lay up or used storage vessels if applicable: \_\_\_\_\_

Please provide number of and details of previous owners if applicable: \_\_\_\_\_

Details of loans or mortgages on vessels if applicable: \_\_\_\_\_

If the vessel carries cargo, please provide details of cargo carried: \_\_\_\_\_

Does the Insured tow Owned and Barges of others?       Yes       No

If Yes, please advise:

- a. Average/Maximum # of barges any one tow: \_\_\_\_\_
- b. Dry, Chemical, Petroleum, etc: \_\_\_\_\_
- c. If other, please specify: \_\_\_\_\_
- d. Maximum values per shipment: \_\_\_\_\_

Please stipulate whether vessels are engaged in liner, tramp or long term charter. If on long term charter please specify the period of charter. \_\_\_\_\_

Are the vessels to be engaged in trades other than for which they were designed?

Please specify if any of the vessels have previously been declared a total loss?

Please specify if any of the vessels have sustained significant damage under any previous ownership

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Details of all Vessels owned during the past 5 years:

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Please complete the attached vessel schedule and supply a copy of the last vessel survey(s) and recommendations.

**Maintenance**

Please advise of average annual maintenance costs per vessel over the last five years \$ \_\_\_\_\_

Please advise proposed maintenance outlay for this year \$ \_\_\_\_\_

Please advise of spare parts policy \_\_\_\_\_

**7. Contractual:**

Please give details of all contractual obligations the Applicant might incur as they relate to this requested insurance:

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# Hull & Machinery/Protection and Indemnity Insurance Application

## 8. Loss Information P&I:

Please list all reported incidents for the previous FIVE (5) years. The list must include ALL previously closed claims, including those closed without payment, ALL incidents whether an 'estimate of loss' has been set or not and ALL other Claims where an estimate has been set and/or payments made

(N.B. all figures should contain Legal Fees and Expenses).

The above information must be reported for ALL vessels operated by the Assured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule.

YEAR: \_\_\_\_\_ to \_\_\_\_\_ Name of Insurer: \_\_\_\_\_

Number of vessels operated in this year: \_\_\_\_\_ Vessels

Number of crew applicable to this year: \_\_\_\_\_ Crew

CLAIMANTS NAME	D.O.L.	VESSEL	POLICY DED	PAID AMOUNT US\$	RESERVED AMOUNT US\$	OPEN/ CLOSED	DETAILS OF LOSS

**9. Hull & Machinery Loss Information:**

Please list all reported incidents for the previous FIVE (5) years. The list must include ALL previously closed claims, including those closed without payment, ALL incidents whether an 'estimate of loss' has been set or not and ALL other Claims where an estimate has been set and/or payments made

(N.B. all figures should contain Legal Fees and Expenses).

The above information must be reported for ALL vessels operated by the Assured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule.

**Loss Information**

Ground up Losses:

VESSEL	D.O.L.	POLICY DED	PAID AMOUNT US\$	RESERVED AMOUNT US\$	OPEN/ CLOSED	DETAILS OF LOSS

It is understood and agreed that Underwriters shall rely upon the information to determine the acceptability, rates and coverage.

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

It is further understood that the applicant and/or affiliated company is under a continuing obligation to immediately notify their underwriters through their broker of any material alteration to information given.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicant Name:**

**Signature:**

**Date:**

\_\_\_\_\_

**Retail Agent's Name:**

**Signature:**

**Date:**

\_\_\_\_\_



**VESSEL SCHEDULE**

Vessel Name	Type	Year Built	Vin/USCG #	Size	GRT	HP	Crew #	Insured Value	Annual usage %
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									