

## COMMERCIAL HULL AND P&I APPLICATION

Name of Applicant: \_\_\_\_\_

Owners: \_\_\_\_\_

Occupations(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Website \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Mortgagee's Address: \_\_\_\_\_

### 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 Drydock	Desired Amount of Insurance

### 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

\*attach copy of vessel(s)' USCG Certificate of Inspection.

### GENERAL DESCRIPTION OF OPERATION

Type of work employed in: \_\_\_\_\_

Experience of employees and licenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Towboats only: Type and number of Vessels in tow and copy of towage contract:

\_\_\_\_\_

Non-propelled Vessels: Give details of tower and copy of towage contract:

Are towers released?      Yes      No      By whom? \_\_\_\_\_

Navigation limits required: \_\_\_\_\_

Is watchman service provided?      Yes      No

Where can Vessel(s) be inspected? \_\_\_\_\_

Person to contact (name & phone #) \_\_\_\_\_

Attach recent surveys if available.

Is Vessel(s) ever laid-up?      Yes      No

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Is the Vessel operated by owner?      Yes      No

**FIVE YEARS LOSS RECORD** - All Vessels owned or operated by the Assured including Vessels sold or lost.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt of Loss Before any Deductible	Current Status Paid or Outstanding

**SPECIAL INFORMATION**

Does this placing include all Vessels operated by the Assured or affiliated or subsidiary Companies?      Yes      No

If not, explain: \_\_\_\_\_

Present Insuring Company \_\_\_\_\_ Provide copies of current policies if available.

Expiration date of current policy \_\_\_\_\_

Attachment date if different \_\_\_\_\_

Has any Company ever cancelled or non-renewed any insurance for this owner? (not applicable in MO)

Yes      No      If "yes", with what Company and on what terms? \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**QUESTIONS TO BE ANSWERED BY AGENT**

Is the owner well and favorably known to you?      Yes      No  
Do you unqualifiedly recommend the moral and physical risk?      Yes      No  
List supporting insurance in this Company showing policy number and premium \_\_\_\_\_  
\_\_\_\_\_

AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_