



COMMERCIAL HULL AND PROTECTION & INDEMNITY APPLICATION

Please Print or Type.

PRODUCER INFORMATION

1. Name of agency: _____
2. Producer and telephone number: _____
3. Is the account new to the producer? Yes No If "No," how many years has this account been handled? _____

GENERAL INFORMATION

1. Name of applicant: _____
2. Contact person for inspection and telephone number: _____
3. Business address: _____
4. Effective date of coverage: _____
5. Name of principal(s) and/or owner(s): _____
6. Has the applicant and/or its affiliated companies been involved in bankruptcy proceedings?
Yes No If "Yes," please specify details on separate sheet.
7. Has insurance ever been denied, cancelled or non-renewed on this applicant and/or its affiliated companies?
Yes No If "Yes," please state why. _____
8. What is the nature of applicant's trade/operation: _____

9. Number of years applicant has operated vessels in this trade/operation: _____
10. Number of years operating under existing name: _____
11. Has applicant operated vessels under any other corporation or partnership in the past 10 years? Yes No
If "Yes," please explain. _____
12. Specify navigational limits required: _____
13. If tank barge operator, please attach details of O.P.A. compliance plan.
14. Describe cargo handled: _____
15. Does applicant require vessel owner's liability to cargo? Yes No
If "Yes," please specify. _____
16. Maximum values per vessel/barge and shipment/tow: _____
17. Limit of liability required: _____
18. Please provide details of standard contract of carriage: _____

19. Please provide details of all contractual obligations the applicant might incur as they relate to this requested insurance:

SAFETY & LOSS PREVENTION

1. Does applicant/owner employ a loss prevention and/or safety director? Yes No

List qualifications/experience: _____

2. How many hours a week does this individual spend in his/her capacity as a Loss Prevention and/or Loss Safety Director?: _____

3. Have the applicant's operations been subject to an independent safety audit? Yes No If "Yes," give details of audit and recommendation, including whose advisory services were employed and date when implementation took place. (Please use separate sheet.)

4. Please describe the applicant's pre-employment screening practices and employment physicals required of new hires:

5. Does applicant use the services of the marine index bureau? Yes No

6. Are safety and training programs a fully budgeted item? Yes No

7. Please describe in detail the company's orientation, safety and training programs (including manuals provided) for new hires:

8. Are safety meetings held on a regular basis? Yes No If "Yes," how often? _____

9. Health care plan or policy in effect for the crew? Yes No

10. Maritime employer's liability policy in effect? Yes No If "Yes," please state limit. _____

11. Please describe applicant's maintenance program for vessels and equipment including any self inspection program:

DETAILS ON CREW / EMPLOYEES / OTHERS

1. Total number of crew employed: _____

2. Max. number of crew working @ A.O.T.: _____

3. Personnel turnover per year: _____% Licensed Personnel _____% Deckhands

4. Does the crew work on a "Time Shift" basis? Yes No

5. If the crew works on a "Time Shift" basis, please specify: Period of time for each "shift": _____

No. of "shifts" in any one 24 hour day: _____ No. of crew assigned to each "shift": _____

6. Does the crew from one shift remain onboard after being relieved from the next "shift"? Yes No

7. Total annual payroll for crew: _____

8. Number of employees typically onboard other than crew: _____

9. Describe the circumstances under which these other employees are onboard the applicant's vessels: _____

10. Are there any other "third party" personnel quartered on or working from the scheduled vessels? Yes No

If "Yes," describe whom and the circumstances why. _____

LOSS HISTORY

Please list all reported incidents for the previous five (5) years. The list must include ALL previously Closed Claims, including the Closed without payments, 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. ALL figures should contain Legal Fees and Expenses.

Note: The information above must be reported for ALL vessels operated by the Applicant/Assured and/or Affiliated Companies for the previous five (5) years, whether or not the vessels appear on the attached schedule and displayed in the format outlined below.

State Following Per Policy Year

Policy year: _____ To: _____ Name of insurer: _____

Number of vessels operated in this year: _____ Number of crew applicable to this year: _____

Date of Loss	Status Open/Closed	Description of Loss	Net Paid Amount	Net Reserve Amount	Applicable Deductible

VESSEL DETAILS

Note: This "Vessel Details" section should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be added during the policy year should be submitted in a similar format.

Vessel Name	Date Acquired	Year Built	Type of Vessel	Insured/Agreed Value	GRT
Dimensions	Construction Material		Does Vessel Carry Cargo? Yes <input type="checkbox"/> No <input type="checkbox"/>	Vessel's Classification Society	
No. of Crew	No. of Other Employees	Is Vessel Used to Carry Passengers? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," specify U.S.C.G. Passenger Limitation.			
Are Passengers Issued With a Standard Passenger Ticket? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please give details.					
Manufacturer & H.P. of Engines	Date of Last Engine(s) Overhaul	Manufacturer of Generators		Date of Last Generator(s) Overhaul	

Is Vessel Equipped With:

- High temperature/low oil pressure alarms on the engines? Yes No
- Bilge alarms in good working condition? Yes No
- Automatic fire extinguishing system in the engine room? Yes No
- Non-skid paint or surface on deck and on all ladders? Yes No
- Fire extinguishing and safety equipment meeting U.S. Coast Guard standards? Yes No

If "No," please explain why not. _____

Please furnish copies of the most current condition and valuation surveys for the vessels outlined above.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____