

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

PROTECTON & 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 _____