

**HULL / P&I COMMERCIAL VESSEL POLICY APPLICATION**

DATE \_\_\_\_\_

**A. GENERAL INFORMATION****A. Account Name** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Insurance Agent or Broker:** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**C. Description of Business:** \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Does the applicant operate and/or provide services related to a terminal, cargo (loading, unloading, transferring or storage), stevedoring, shipbuilding, ship repairing, gas freeing or otherwise act as a Bailee for any party?  Yes  No

Describe Maintenance Program, including frequency of dry docking and major overhauls: \_\_\_\_\_

If vessel(s) operate in windstorm zones, please outline wind plan procedures or attach written plan: \_\_\_\_\_

**D. Operations / Crew / Employees**

Total gross receipts for the last year / projected next year: \_\_\_\_\_

Total gross payroll for the last year / projected next year: \_\_\_\_\_

Total gross "Jones Act" payroll for the last year / projected next year: \_\_\_\_\_

Total number of crew employed by the applicant: \_\_\_\_\_

Maximum number of crew on the applicant's vessels at A.O.T: \_\_\_\_\_

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

Hours per shift? \_\_\_\_\_

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

If Yes, what is the average and maximum number A.O.T.? \_\_\_\_\_

Do the applicant's vessels carry passengers?  Yes  No

If Yes, what is the average and maximum number A.O.T.? \_\_\_\_\_

Please attach the applicant's written training / safety manual.

Please attach the applicant's substance abuse policy.

Does the applicant provide medical insurance for their employees?  Yes  No

If Yes, please attach details of the medical plan.

Does the applicant have a bonus plan, 401k or similar plan?  Yes  No

Does the applicant tow under any written contracts?  Yes  No

If Yes, how many and do they contain Hold Harmless or release clauses that favor their customers? \_\_\_\_\_

Does the applicant use third party crew services?  Yes  No

Please attach a description of the hiring process that takes place for the hiring of vessel crews. Please advise of all testing (medical or otherwise) that the applicant uses to ensure that they are hiring crews fit for the intended job.

Please attach the written or verbal policy of the applicant's company with respect to mobile devices, tablets, personal computers, etc. for anyone in or around the pilot house and/or work areas of the applicant's vessel(s)?

### Hull Coverage

Vessel Name	Year Built	GRT	Dimensions	Vessel Type	Hull Value	Date of Last Drydock

Date of last inspection(s): \_\_\_\_\_ Please attach copies.

Vessel lay-up Location: \_\_\_\_\_

Ashore or  Afloat

### E. Protection & Indemnity Coverage

Vessel Name	Type of Cargo Carried	No. Crew (excl. owner)	Max Np. Of Passengers Cert. by USCG

Does applicant tow owned and/or barges of others?  Yes  No

Average/Maximum number of barges any one tow: \_\_\_\_\_

And types of vessels towed \_\_\_\_\_

Is Cargo Legal Liability coverage required?  Yes  No

Type of cargo carried \_\_\_\_\_

Maximum value per shipment \$ \_\_\_\_\_

## **B. Insurance Coverage Information**

A. **Proposed Effective Date:** \_\_\_\_\_

B. Navigation limits required: \_\_\_\_\_

C. P&I limit requested \$ \_\_\_\_\_

D. Deductibles:

a. BI Deductible \$ \_\_\_\_\_

b. PD Deductible \$ \_\_\_\_\_

## **C. Account History**

A. Current Insurance Policy with \_\_\_\_\_

B. Details of current insurance policy (Form, Deductibles, Rates & Navigation Limits): \_\_\_\_\_

Has current insurance company requested replacement of coverage or sent notice of cancelation?  Yes  No

**C. Premium & Loss information for last 5 year period (including vessels sold or lost)**

**Hull:**

Year	No. of Vessels	Total Value	Gross Earned Premium	Paid Losses	Outstanding Loses	Loss Ratio

**P&I:**

Year	No. of Vessels	Total Value	Gross Earned Premium	Paid Losses	Outstanding Loses	Loss Ratio

**D. Individual loss detail (attach additional sheet if more space needed):**

Vessel Name	Date/Loss	Nature of Loss	Amt. Paid	Amt. Outstanding

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 fraudulent insurance act, which is a crime.

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

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\_\_\_\_\_  
Signature of Broker