

# HULL / P&I COMMERCIAL VESSEL POLICY APPLICATION

DATE

A. GENERAL INFORMATION					
A. Account Name					
	Postal Code:				
	Phone:				
B. Insurance Agent or Broker:					
Address:					
City / State / Country:	Postal Code:				
Email:	Phone:				
C. Description of Business:					
Type of work performed:					
(loading, unloading, transferring or	provide services related to a terminal, cargo storage), stevedoring, shipbuilding, ship act as a Bailee for any party?				
	cluding frequency of dry docking and major				
If vessel(s) operate in windstorm zo	ones, please outline wind plan procedures or				
D. Operations / Crew / Employees					
Total gross receipts for the last yea	Total gross receipts for the last year / projected next year:				
Total gross payroll for the last 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? $\Box$ Yes $\Box$ No					
If Yes, please attach details of the medical plan.					
Does the applicant have a bonus plan, 401k or similar plan? $\Box$ Yes $\Box$ No					
Does the applicant tow under any written contracts? $\Box$ Yes $\Box$ 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?					
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					

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

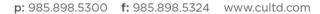
Vessel Name	Year Built	GRT	Dimensions	Vessel Type	Hull Value	Date of Last Drydock

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







Deep applicant tow owned and/or barges of others? $\Box$ Vec $\Box$ No
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?
C. What annual percentage of time do the insured's vessels operate in Louisiana
territorial waters?





D. 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

#### E. 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	

Signature of Broker

