

Application Form
Hull and Protection & Indemnity Insurance

Section I - Producing Agent/Broker

NAME OF RETAIL AGENT

IS RETAIL AGENT LICENSED IN THIS STATE? YES/NO

IS THIS A NEW ACCOUNT TO THE AGENT? YES/NO

IF NO, HOW MANY YEARS HAS ACCOUNT BEEN HELD? YES/NO

Section II - Application

APPLICANT'S NAME AND ADDRESS:

NAME OF PRINCIPAL(S) &/OR OWNER(S):

PERIOD APPLICANT HAS OPERATED VESSELS: YEARS

PERIOD OF TIME APPLICANT'S COMPANY NAMED HEREIN
HAD BEEN TRADING?

PLEASE LIST ALL PREVIOUSLY OWNED AND/OR ASSOCIATED
AND/OR AFFILIATED MARITIME RELATED COMPANIES THAT
APPLICANT HAS BEEN INVOLVED IN:

HAS THE APPLICANT &/OR ITS AFFILIATED COMPANIES BEEN
INVOLVED IN BANKRUPTCY PROCEEDINGS? YES/NO

IF YES, PLEASE SPECIFY ON A SEPARATE SHEET:

PLEASE PROVIDE FULL DETAILS OF THE NATURE AND EXTENT
OF THE APPLICANT'S OPERATION, INCLUDING THOSE OF ANY
SUBSIDIARY AND/OR AFFILIATED COMPANIES WHICH APPLICANT
IS CURRENTLY ASSOCIATED WITH:

SPECIFY NAVIGATIONAL LIMITS REQUIRED:

LIMIT OF COVERAGE REQUIRED:

PERIOD OF COVERAGE REQUIRED: MONTHS

IF A TANK BARGE OPERATOR PLEASE ATTACH DETAILS OF O.P.A. COMPLIANCE PLAN:

Section III - Current Policies

HAS THE APPLICANT &/OR AFFILIATED COMPANIES BEEN DENIED COVERAGE OR BEEN SUBJECT TO CANCELLATION BY UNDERWRITERS? YES/NO

IF YES, PLEASE PROVIDE DETAILS:

IS A PERSONAL ACCIDENT POLICY/HEALTH CARE PLAN IN FORCE?
YES/NO

IS A SEPARATE MARITIME EMPLOYER'S LIABILITY POLICY IN FORCE? YES/NO

IS A COMPREHENSIVE GENERAL LIABILITY POLICY IN FORCE? YES/NO

IF YES,

(i) IS THE "WATERCRAFT EXCLUSION" DELETED? YES/NO

(ii) IS "CONTRACTUAL COVER" INCLUDED? YES/NO

NAME OF CURRENT P&I INSURER:

NUMBER OF YEARS INSURED BY CURRENT INSURER: YEARS

DATE OF P&I EXPIRATION: ____/____/____

Section IV - Loss Prevention

HAVE THE APPLICANT'S OPERATIONS BEEN SUBJECT TO AN INDEPENDENT SAFETY AUDIT? YES/NO

IF YES, PLEASE GIVE DETAILS OF AUDIT AND RECOMMENDATIONS ON A SEPARATE SHEET INCLUDING, WHOSE ADVISORY SERVICES WERE EMPLOYED AND WHEN DID IMPLEMENTATION TAKE PLACE?

Section V - Crew/Employees/Others

TOTAL NUMBER OF EMPLOYEES EMPLOYED BY APPLICANT, INC., CREW:

TOTAL GROSS RECEIPTS FOR LAST 12 MONTH PERIOD: \$

TOTAL GROSS PAYROLL FOR LAST 12 MONTH PERIOD: \$

TOTAL GROSS "JONES ACT" PAYROLL FOR LAST 12 MONTH PERIOD: \$

TOTAL NUMBER OF CREW EMPLOYED BY THE APPLICANT:

MAXIMUM NUMBER OF CREW WORKING ON APPLICANT'S VESSEL A.O.T.:

Section V - Crew/Employees/Others (con't)

DO THE CREW WORK ON A "TIME SHIFT BASIS"? YES/NO

IF YES, PLEASE SPECIFY:

(a) PERIOD OF TIME FOR EACH SHIFT: HOURS

(b) NUMBER OF SHIFTS IN ANY ONE 24 HOUR DAY: SHIFTS

(c) NUMBER OF CREW ASSIGNED TO EACH SHIFT: CREW

DO THE CREW FROM ONE SHIFT REMAIN ON BOARD AFTER BEING RELIEVED BY THE NEXT SHIFT? YES/NO

ARE THE CREW ISSUED WITH DECK HAND MANUALS? YES/NO

PLEASE SPECIFY CREW NAMES AND THEIR APPOINTED CREWING POSITIONS AND THE PERIOD OF TIME FOR WHICH THEY HAVE BEEN EMPLOYED BY THE APPLICANT, STATING DETAILS OF ANY LICENSES HELD BY THOSE PERSONS NAVIGATING APPLICANTS VESSELS. (PLEASE USE SEPARATE SHEET IF NECESSARY)

<u>NAME</u>	<u>POSITION</u>	<u>LICENSES</u>	<u>DATE OF EMPLOYMENT</u>
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PLEASE GIVE DETAILS OF ANY PRE-EMPLOYMENT PROGRAMME CARRIED OUT BY THE ASSURED PRIOR TO THE HIRING OF ANY NEW CREW:

ARE THE ABOVE CARRIED OUT FOR ALL NEWLY APPOINTED EMPLOYEES YES/NO

IF YES, ARE THE RECORDS AVAILABLE FOR SCRUTINY: YES/NO

ARE THE CREW EMPLOYED THROUGH CREWING AGENCIES/ LABOR POOLS? YES/NO

NUMBER OF EMPLOYEES ON BOARD OTHER THAN CREW SPECIFIED HEREIN:

DESCRIBE THE CIRCUMSTANCES UNDER WHICH THESE OTHER EMPLOYEES ARE ON BOARD APPLICANT'S VESSELS:

ARE THERE ANY THIRD PARTY PERSONNEL QUARTERED ON OR WORKING FROM THE SCHEDULED VESSELS? YES/NO

DESCRIBE THE CIRCUMSTANCES UNDER WHICH THESE THIRD PARTY PERSONNEL ARE ON BOARD APPLICANTS VESSEL(S):

ARE SUCH THIRD PARTY PERSONNEL QUARTERED ON OR WORKING FROM THE SCHEDULED VESSELS UNDER A CONTRACT? YES/NO

IF YES, PLEASE GIVE DETAILS OF WORK CARRIED OUT BY THEM AND THE INSURANCE REQUIREMENTS OF YOUR CONTRACT (WHICH IF WRITTEN PLEASE PROVIDE COPY OF SAID CONTRACT, IF ANY):

Section VI - Vessel Details

VESSEL NAME:

GRT:

YEAR BUILT:

TYPE OF VESSEL:

CONSTRUCTION MATERIAL:

DIMENSIONS:
YES/NO

DOES VESSEL CARRY CARGO?

IN WHICH CLASSIFICATION SOCIETY IS VESSEL ENTERED?

IS THE VESSEL OWNED BY APPLICANT?

DATE PURCHASED: ____/____/____

IS THE VESSEL UNDER CHARTER OR SIMILAR CONTRACT?

YES/NO

IF YES, PLEASE GIVE DETAILS:

PLEASE SPECIFY OWNERSHIP DETAILS:

DATE OF LAST ENGINE OVERHAUL:

____/____/____

INSURED VALUE: \$

HULL POLICY FORM:

NUMBER OF CREW:

NUMBER OF OTHER EMPLOYEES:

IS THE VESSEL LICENSED TO CARRY PASSENGERS:

YES/NO

IF YES, PLEASE SPECIFY US COAST GUARD PASSENGER
CAPACITY LIMITATIONS:

ARE PASSENGERS ISSUED WITH A STANDARD PASSENGER TICKET?

YES/NO

IF YES, PLEASE GIVE DETAILS:

(N.B. THIS VESSEL DETAIL SCHEDULE SHOULD BE COPIED AND COMPLETED FOR EACH VESSEL OWNED AND/OR OPERATED BY THE APPLICANT. ANY ADDITIONAL VESSELS THAT MAY BE ATTACHED DURING THE YEAR SHOULD BE SUBMITTED IN A SIMILAR FORMAT).

Section VIII - General

CARGO

DOES THE APPLICANT REQUIRE SHIP OWNER'S LIABILITY TO CARGO?

YES/NO

IF YES:

- (a) SPECIFY TYPES OF CARGO CARRIED:
- (b) SPECIFY MAXIMUM VALUES PER SHIPMENT:
- (c) SPECIFY LIMIT OF LIABILITY REQUIRED:

PLEASE GIVE DETAILS OF STANDARD CONTRACT OF CARRIAGE:

CONTRACTUAL

PLEASE GIVE DETAILS OF ALL CONTRACTUAL OBLIGATIONS THE APPLICANT MIGHT INCUR AS THEY RELATE TO THIS REQUESTED INSURANCE:

PLEASE ATTACH COMPANY BROCHURES, IF ANY:

I/WE HEREBY WARRANT THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. IT IS MY/OUR UNDERSTANDING THAT UNDERWRITERS SHALL RELY UPON THE INFORMATION AND REPRESENTATIONS LISTED ABOVE IN DETERMINING THE ACCEPTABILITY, RATES AND CONDITIONS OF COVERAGE.

IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUND FOR IMMEDIATE CANCELLATION OF COVERAGE AND DENIAL OF CLAIMS, IF ANY.

IT IS FURTHER NOTED AND UNDERSTOOD THAT THE APPLICANT IS UNDER A CONTINUING OBLIGATION IMMEDIATELY TO NOTIFY HIS UNDERWRITER'S OF ANY MATERIAL ALTERATION TO THE NATURE, EXTENT OR SIZE OF HIS OPERATION AS DESCRIBED HEREIN.

IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION SHALL BE ATTACHED TO AND FORM PART OF THE POLICY SHOULD ONE BE ISSUED.

APPLICANT: _____

TITLE: _____

DATE: _____

Section VII - Loss Information

PLEASE LIST ALL REPORTED INCIDENTS FOR THE PREVIOUS FIVE YEARS. THE LIST MUST INCLUDE ALL PREVIOUSLY CLOSED CLAIMS, INCLUDING THOSE CLOSED WITHOUT PAYMENT, 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 (N.B. ALL FIGURES SHOULD CONTAIN LEGAL FEES AND/OR EXPENSES). SPECIFY ALSO THE DATE AT WHICH THE CLAIM RESERVE AND/OR LAST REVIEW TOOK PLACE.

THE ABOVE INFORMATION MUST BE REPORTED FOR ALL VESSELS OPERATED BY THE ASSURED AND/OR AFFILIATED COMPANIES FOR THE PREVIOUS FIVE YEARS. WHETHER OR NOT THE VESSELS APPEAR ON THE ATTACHED SCHEDULE AND DISPLAYED IN THE FORMAT SET OUT BELOW:

YEAR ____/____/____ TO: ____/____/____ NAME OF INSURER:

NUMBER OF VESSELS OPERATED IN THIS YEAR: VESSELS

NUMBER OF CREW APPLICABLE TO THIS YEAR: CREW

VESSEL UTILIZATION APPLICABLE TO THIS YEAR: %

CLAIMANT'S NAME

D.O.L.

VESSEL

PAID AMOUNT

RESERVED AMOUNT

RESERVE/REVIEW DATE

**DETAILS
OF LOSS**