Commercial Hull Application

Application for Insurance

Assured: _____ Owner: _____

_____ Charterer: _____

Mailing Address: Name of Vessel: (If more than one, attach separate sheet)

_____ _____

_____

_____

_____

Description of Operations: _____

_____

_____

Loss Payable: _____ Home Port: _____

HULL

Year Built: _____ Length: _____ Mfg.: _____

Model: _____ Hull Material: _____ # of Decks: _____

If design USCG – or Classification Society Approved (Y/N) _____

MACHINERY

Mfr.: _____ Year Built _____ Horsepower: _____

# of Engines: _____ Gas: _____ Diesel: _____

CREW

Captan's Name: _____

Captain's License #: _____ # of Crew: _____

Captain's Experience: _____

PASSENGERS

Is vessel licensed by Coast Guard to carry passengers? (Y/N) _____

Date of License: ____/____/____ Date of last Coast Guard inspection: ____/____/____

Navigation limits allowed by license: _____

_____

Maximum number of passengers permitted by license: _____ Average # carried _____

Total estimated passengers carried annually: _____

Duration of trips: _____/_____

Any overnight trips? (Y/N) _____ If yes, how often? _____ Food prepared on board? (Y/N) _____

GENERAL INFORMATION

Date vessel was purchased ____/____/____ Market Value: $ _____ Insured Value: $ _____

Replacement cost: $ _____ P&I Limit: _____

Medical Payments Limit: _____ Navigation season: _____

Lay up Ashore? (Y/N) _____ Where? _____

Management: (describe your experience and time in business) _____

_____

_____

Does this placing include all vessels operated by the prospective Assured? _____

If not, explain: _____

_____

INSPECTION:

Where and when can vessel be inspected? _____

Name and telephone # of contact: _____

LOSS INFORMATION – LAST 5 YEARS

Date:	Nature of Loss:	Amount Reserved/Paid:	Closed?

Name of Present Insurer: _____

Name of Former Insurer: _____

Has insurance on any vessel been declined? (Y/N) _____ If yes, please explain: _____

_____

_____

REMARKS / ADDITIONAL INFORMATION

_____

_____

_____

_____

_____

_____

I understand that the above information and loss exhibits attached, which are correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance, nor the Company to accept the risk.

Signature of Applicant: _____

Title: _____

Date of Application: _____

Insurance Agency: _____

_____

_____