



**COMMERCIAL HULL AND P&I APPLICATION**

NAME OF INSURED: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOW LONG HAS APPLICANT BEEN IN BUSINESS? \_\_\_\_\_

EFFECTIVE DATE DESIRED? \_\_\_\_\_

**SECTION 1: OPERATIONAL INFORMATION**

1) DESCRIBE NATURE OF OPERATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) IF THE FOLLOWING JOBS ARE PERFORMED, PLEASE BREAK DOWN YOUR ACTIVITY BY PERCENT (MUST EQUAL 100%):

COASTWISE TOWS \_\_\_\_%      BARGE SHIFTING/MARINE CONTRACTING \_\_\_\_%

QUICK-ASSIST TOWING \_\_\_\_% HARBOR ASSIST \_\_\_\_%

OTHER: \_\_\_\_\_

**SECTION 2: HULL AND MACHINERY**

**SCHEDULE OF VESSELS**

LAY-UP PERIOD	YEAR BUILT	BUILDER	HULL IDENTIFICATION NUMBER	HULL VALUE	LENGTH

3) VESSEL/S PORT LOCATION: \_\_\_\_\_

4) VESSEL LAY-UP INFORMATION: (INDICATE VESSEL LAY-UP PERIOD ON SCHEDULE ABOVE)

A) LAY-UP LOCATION: \_\_\_\_\_

B) ASHORE OR AFLOAT? \_\_\_\_\_

**NOTE:** RECENT SURVEYS REQUIRED FOR VESSELS MORE THAN 10 YEARS OLD AND \$20,000 VALUE.



5) DESCRIBE THE MAINTENANCE PROGRAM, SUCH AS FREQUENCY OF HAULOUTS AND MAJOR REFITS: \_\_\_\_\_  
\_\_\_\_\_

6) NAVIGATION LIMITS OF 100 MILES FROM HOMEPORT ARE PROVIDED. ARE OTHER NAVIGATION LIMITS REQUESTED? \_\_\_\_\_

IF OTHER LIMITS ARE REQUIRED PLEASE DESCRIBE THE TERRITORY, NATURE OF WORK AND FREQUENCY THE EXTENDED WATERS WOULD BE NEEDED: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: PROTECTION AND INDEMNITY**

7) P&I LIMIT REQUESTED:  \$500,000  \$1,000,000

8) NUMBER OF CREW TO BE COVERED: \_\_\_\_\_ 9) SIX PASSENGER LIABILITY? (YES/NO) \_\_\_\_\_

9) SALVORS LIABILITY IS AVAILABLE FOR WORK ON VESSELS UP TO 100' LOA. IS THIS COVERAGE IS REQUESTED? (YES/NO) \_\_\_\_\_

10) SUDDEN AND ACCIDENTAL POLLUTION IS AVAILABLE ON A 72 HOUR/30 DAY BASIS. IS THIS COVERAGE REQUESTED? (YES/NO) \_\_\_\_\_

**SECTION 4: LOSS HISTORY**

FIVE-YEAR PREMIUM & LOSS RECORD (DO NOT LEAVE BLANK, IF NO LOSSES THEN SO STATE):

YEAR	PAID LOSSES	OUTSTANDING LOSSES	TOTAL INCURRED LOSSES	DESCRIPTION OF LOSSES

DETAILS OF MAJOR LOSSES, UNUSUAL LOSSES, RECOVERIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5: ADDITIONAL INFORMATION/OPTIONAL COVERAGE**

11) HAS ANY INSURANCE CARRIER CANCELLED OR DENIED COVERAGE IN THE PAST 3 YEARS? (IF YES, WHY?) \_\_\_\_\_  
\_\_\_\_\_

12) LIST DETAILS OF CURRENT INSURANCE SHOWING CARRIER, VALUES, RATES & EFFECTIVE DATES: \_\_\_\_\_  
\_\_\_\_\_

13) ARE YOU ACAPT CERTIFIED? \_\_\_\_\_ HAS THE ASSURED TAKEN THE CPORIT RISK MANAGEMENT COURSE? \_\_\_\_\_



14) TOOLS & EQUIPMENT COVERAGE IS AVAILABLU E UP TO A MAXIMUM LIMIT OF \$50,000. IS THIS COVERAGE REQUESTED? (YES/NO) \_\_\_\_\_

IF YES: WHAT IS THE LIMIT REQUESTED: \_\_\_\_\_  
PLEASE LIST ALL EQUIPMENT OVER \$1,000. NOTE: ALL ITEMS VALUED \$1,000 AND GREATER MUST BE SCHEDULED.

ITEM	SERIAL NUMBER	QUANTITY	COST PER ITEM	TOTAL VALUE

15) ANY ADDITIONAL ASSUREDS DESIRED? (YES/NO) \_\_\_\_\_ IF YES PLEASE LIST NAME AND MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR 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 AND WILL VOID COVERAGE HEREUNDER.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINTED NAME OF APPLICANT: \_\_\_\_\_