

Application for Hull and Protection & Indemnity Insurance

General Information							
Name of Applicant:			Producer:	Producer:			
Address:			Effective D	Effective Date:			
Operations:							
Has any comp	pany eve	r canceled or non-rene	ewed insurance for the	e applicant?	If yes, plea	se explain.	
Owner/Opera	tor Expe	rience (include years o	f expertise and prior e	experience if	any):		
Loss Inform	nation						
Year	G	ross Premium	Paid Losses		Outstanding Losses		
Hull Limits:							
Vessel Name		Year Built	Construction	Ту	/ре	Limit	
l.							
2.							
3.							
1.							
5.							
5.							
7.							
3.							
9.							
10. Deductible:							



Mortgagee Information:				
Navigation Limits:				
Date of Last Survey: (please	e attach)	Survey Contact:		
Additional Equipment:		Trailers:		
Protection & Indemnit	y Limits:			
Limits:		BI Deductible:		
		PD Deductible:		
Does applicant Tow owne	d and/or Barges of others?			
If Yes, average/maximum one tow?		/		
If Yes, types of Vessel To	wed:	Petroleum / (Chemical / Dry Cargo	
If others, please explain:				
Is applicant released from	Liability?			
Do others Tow applicants				
If Yes, is Tower released?				
Navigation Limits Reques				
Does applicant require Ca		If Yes, please sp	pecify	
Types of Cargo Carried:	igo Legai Liability :	ii 1 es, piease s	Decity	
Maximum Value per Shipr	mont:	\$		
Limit of Liability Required:		\$		
Please provide details of a the applicant might incur a insurance	all contractual obligations	V		
Crew Experience:				
	Number of Crew Employers	Years with Applicant	Total Years Experience	
Captain				
Engineers				
Other Crew				
Do you have a lay-up peri	od? If so, please explain an	d location of lay-up.		
Applicant Signature		Producer Signature		
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ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.