COMMERCIAL HULL & PROTECTION & INDEMNITY INSURANCE APPLICATION FORM

SECTION I - PRODUCING AGENT:		•
NAME AND ADDRESS OF PRODUCER:		
	· ·	
		•
·	· ·	:
IS THIS A NEW ACCOUNT TO THE PRODUCER: YES	/ NO	
IF NO, HOW LONG HAS THE ACCOUNT BEEN HELD?	YEARS.	
WHAT OTHER COVERAGES DOES YOUR AGENCY HANDLE FO		•
	1	
SECTION II - INSURED:	• -	
INSURED'S NAME AND ADDRESS: (INCLUDE PHYSICAL LOCA	ation if different fr	OM MAILING ADDRESS
LIST NAMES OF ALL PRINCIPLES AND/OR OWNERS:		
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•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HOW LONG HAS THE INSURED DONE BUSINESS UNDER THE C	CURRENT NAME?	YEARS
HOW MANY YEARS HAS THE INSURED OPERATED VESSELS?		120101
LIST ALL AFFILIATED COMPANIES APPLICANT HAS OWNED I	OR THE PAST 5 YEARS.	1
HAS THE INSURED OR ANY OF THE AFFILIATED COMPAI	Mile Dueb brins bets	TUED IN BASTERS
MONTH THE TOURS OF THE THE WINTWICH COMPA	ייין אממם אמים כפור	FADD TH BYNKKOLIC

SECTION II	- INSURED:
(CONTINUE	(D)

IF YES, ATTACH SEPARATE SHEET SPECIFYING ALL DETAILS.

HAS THE INSURED EVER BEEN INVOLVED IN LEGAL ACTION AGAINST AN UNDERWRITER IN A DISPUTE OVER A CLAIM PAYMENT? YES / NO IF YES, ATTACH SEPARATE SHEET SPECIFYING ALL DETAILS.

HAS THE INSURED EVER HAD COVERAGE CANCELLED BY AN UNDERWRITER OR PREMIUM FINANCE COMPANY? YES / NO _____.
IF YES, ATTACHED SEPARATE SHEET SPECIFYING ALL DETAILS.

IN THE SECTION BELOW, PLEASE PROVIDE A DE	TAILED DESCRIPTION OF THE INSURED'S VESSEL OPERATIONS,
APPROXIMATE PERCENTAGE OF UTILIZATION O	AND OPERATED, TRADE IN WHICH VESSELS ARE INVOLVED, F VESSELS FOR THE PAST TWELVE MONTHS, MAJOR CHANGES
AS TO WHETHER VESSEI S WOOK SPOT IORS OR	LIST OF MAJOR CUSTOMERS OF THE INSURED, INFORMATION STEADY CONTRACT WORK, FUTURE PLANS FOR INCREASE OR
REDUCTION IN FLEET SIZE, AND/OR ANY OTHER WILL GIVE THE UNDERWRITER MAXIMUM IN	R INFORMATION RELATIVE TO THE INSURED'S OPERATION THAT
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SECTION III - CURRENT COVERAGE:	THE POST AND AND VIEW ON THE NAME
NAME OF CURRENT INSURERS AND HOW LON OF PREVIOUS INSURER.	O WITH THIS COMPANY. IF LESS THAN ONE YEAR, GIVE NAME
HULL	
P&I	
IS THE CURRENT INSURER OFFERING RENEW	
CURRENT POLICY PERIOD: FROM	то
NAME OF CURRENT MGA AND/OR WHOLESA' PLACEMENT:	LER AND/OR LONDON BROKER, IF ANY, INVOLVED IN CURRENT

SECTION IV - VESSEL DATA:

(SEE ATTACHED SCHEDULE OF YESSELS AND COMPLETE BYERY BLANK FOR EACH YESSEL SUBMITTED.)

SECTION Y - LOSS RECORD:

LIST ALL HULL & MACHINERY / COLLISION / TOWERS LIABILITY & P&I LOSSES FOR THE PAST FIVE YEARS, (OR LONGER, IF AVAILABLE), FOR ALL VESSELS OWNED OR OPERATED BY THE INSURED AND/OR AFFILIATED COMPANIES, INCLUDING ANY COMPANIES THE INSURED PREVIOUSLY OWNED OR CONTROLLED WHETHER SAID COMPANIES ARE CURRENTLY ACTIVE OR NOT. (SEE ATTACHED LOSS RECORD FORM DETAILING REQUIRED INFORMATION).

SECTION VI - QUOTE / COVERAGE INFORMATION:	
COVERAGE PERIOD: FROMTO	and the state of t
REQUESTED NAVIGATION LIMITS:	
REQUESTED P&I LIMIT OF LIABILITY:	
REQUESTED DEDUCTIBLE(S): HULL:	P&I:
SECTION VII - LOSS PREVENTION	
HAVE THE APPLICANT'S OPERATIONS BEEN SUBJECT TO AN IND IF YES, PLEASE GIVE DETAILS OF AUDIT AND RECOMMENDATIONS ADVISORY SERVICES WERE EMPLOYED AND WHEN DID IMPLEM	ON A SEPARATE SHEET INCLUDING, WHOSE
SECTION VIII - CREW/EMPLOYEES/OTHERS	
TOTAL NUMBER OF EMPLOYEES EMPLOYED BY APPLICANT, INC	CL. 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 PER	IOD: \$
TOTAL NUMBER OF CREW EMPLOYED BY THE APPLICANT:	
MAX. NUMBER OF CREW WORKING ON APPLICANT'S VESSELS A	A.O.T.:
DO THE CREW WORK ON A "TIME SHIFT" BASIS?	YES/NO
IF YES, PLEASE SPECIFY:	
(A) PERIOD OF TIME FOR EACH SHIFT:	HOURS

NUMBER OF SHIFTS IN ANY ONE 24-HOUR DAY:

(B)

5HIFTS

SECTION VIII - CREW/EMPLOYEE/OTHERS (CONTINUED)

(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 APPLICANT'S VESSELS. (PLEASE USE SEPARATE SHEET IF NECESSARY).

NAME

POSITION

LICENSES

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DATE OF EMPLOYMENT

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:

YBS/NO

IP YES, ARE THE RECORDS AVAILABLE FOR SCRUTINY:

YES/NO

ARE THE CREW EMPLOYED THROUGH CREWING AGENCIES/LABOUR POOLS?

YES/NO

NUMBER OF EMPLOYEES ON BOARD OTHER THAN CREW SPECIFIED HERBIN:

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 APPLICANT'S 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 IX - SUPPLEMENTAL COMMENTS:

THIS SECTION IS TO BE USED TO DESCRIBE ANY ADDITIONAL INFORMORDER TO PROPERLY EVALUATE THE RISK SUCH AS: SPECIAL EQUIPM SPECIALTY OPERATIONS PERFORMED, ETC., CARGOS CARRIED, TYPE TOWND:	ent on vessels, i.e., ckanes, bic.,
TOWNED.	:
	*
PLEASE ATTACH COMPANY BROCHURE, IF ANY.	
THE INFORMATION IN THIS APPLICATION SHALL BE USED BY USE ACCEPTABILITY OF THIS RISK, RATES, AND CONDITIONS OF COVERAGE ANY MISREPRESENTATION OR INTENTIONAL OMISSION ON THE PART GROUNDS FOR IMMEDIATE CANCELLATION OF COVERAGE AND DENI	B. IT IS FURTHER UNDERSTOOD THAT OF THE INSURED SHALL CONSTITUTE
INSURED'S SIGNATURE:	DATE:
PRODUCER'S SIGNATURE:	DATE:
ATTACHMENTS: (SCHEDULE OF VESSELS AND RECORD)	

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SCHEDULE OF VESSELS

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	WORKING						/	
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1	DIMENSIONS							
	TYPE			. 11				
	YEAR BLT.							
NSURED:	VESSEL							

LOSS RECORD

(SEE SECTION V FOR REQUIRED INFORMATION)

YEAR: FROM TO		
INSURER: HULL:		•
NUMBER OF VESSELS OPERATED:	VESSEL UTILIZATION:	
DEDUCTIBLE		

VESSEL / CLAIMANT	DATE	DESCRIPTION / STATUS	GROSS CLAIM PAID / RESERVED
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