

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 FOR THIS INSURED?

SECTION II - INSURED:

INSURED'S NAME AND ADDRESS: (INCLUDE PHYSICAL LOCATION IF DIFFERENT FROM MAILING ADDRESS)

LIST NAMES OF ALL PRINCIPLES AND/OR OWNERS:

HOW LONG HAS THE INSURED DONE BUSINESS UNDER THE CURRENT NAME? _____ YEARS.

HOW MANY YEARS HAS THE INSURED OPERATED VESSELS? _____ YEARS.

LIST ALL AFFILIATED COMPANIES APPLICANT HAS OWNED FOR THE PAST 5 YEARS.

HAS THE INSURED OR ANY OF THE AFFILIATED COMPANIES EVER BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS? YES _____ / NO _____

SECTION IV - VESSEL DATA:

(SEE ATTACHED SCHEDULE OF VESSELS AND COMPLETE EVERY BLANK FOR EACH VESSEL SUBMITTED.)

SECTION V - 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: FROM _____ TO _____

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 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 VIII - CREW/EMPLOYEES/OTHERS

TOTAL NUMBER OF EMPLOYEES EMPLOYED BY APPLICANT, INCL. 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:

MAX. NUMBER OF CREW WORKING ON APPLICANT'S VESSELS 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

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

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

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:

YES/NO

IF 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 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 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 INFORMATION THE COMPANY MAY NEED IN ORDER TO PROPERLY EVALUATE THE RISK SUCH AS: SPECIAL EQUIPMENT ON VESSELS, I.E., CRANES, ETC., SPECIALTY OPERATIONS PERFORMED, ETC., CARGOS CARRIED, TYPES OF VESSELS TOWED AND NUMBER TOWED:

PLEASE ATTACH COMPANY BROCHURE, IF ANY.

THE INFORMATION IN THIS APPLICATION SHALL BE USED BY UNDERWRITERS IN DETERMINING THE ACCEPTABILITY OF THIS RISK, RATES, AND CONDITIONS OF COVERAGE. IT IS FURTHER UNDERSTOOD THAT ANY MISREPRESENTATION OR INTENTIONAL OMISSION ON THE PART OF THE INSURED SHALL CONSTITUTE GROUNDS FOR IMMEDIATE CANCELLATION OF COVERAGE AND DENIAL OF CLAIMS, IF ANY.

INSURED'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

ATTACHMENTS: (SCHEDULE OF VESSELS AND RECORD)

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