

Attach recent surveys if available.

COMMERCIAL HULL AND P&I APPLICATION

Name of Applicant: Owners:											
Occupations(s): Business Address Mortgagee: Mortgagee's Address:	Website										
HULL COVERAGE											
Name of Vessel	Year Built	Gross Ton.	Mater Of H		Type of Propulsion & H.P.		Type of Vessel	Length & Beam	Date of Last Drydock		Desired Amount of Insurance
PROTECTON & INDE	MNITY CO										
Name of Vessel	(Type of Cargo Carried			No. Crew (excl. Owner)		Iax No of assengers Cert. By U.S.C.G.	Liability of Vessels & Cargo in tow desired		Desired Amount of Insurance	
GENERAL DESCRIPTION Type of work employed in	n:										
Experience of Employee'	s and Licens	ses:									
Towboats only: Type and	number of	vessels in tow	and copy	y of to	owage contr	act	:				
Non-propelled Vessels: G	ive details o	f tower and co	opy of to	wage	contract:						
Are Towers released?				-							
Is Watchman Service Prov	. 1 10										
Where can vessel(s) be in:											
Person to contact (name &	_										

Is the Vessel operated by Owner? FIVE YEARS LOSS RECORD-All vessels owned or operated by the Assured including vessels sold or lost. Vessel Date of Loss of Details of Gross Amt of Involved Loss Accident Accident Accident Accident Accident Paid or Spaid	Is vessel(s) ever Laid-up?		Location:	Dates:					
Vessel Date of Location of Accident Accident Loss hefore Paid or Accident Loss hefore Paid or Accident Loss hefore Paid or Accident Accident Loss hefore Paid or Accident Accident Accident Loss hefore Paid or Accident Accident Accident Loss hefore Paid or Accident	Is the Vessel operated by	Owner?							
Involved Loss Accident Accident Loss before any deductible Outstanding SPECIAL INFORMATION Does this placing include all vessels operated by the Assured or affiliated or subsidiary companies? If not, explain: Present Insuring Company Provide copies of current policies if available? Expiration date of current policy? Attachment date if different than above. Has any company ever cancelled or non-renewed any insurance for this owner? (not applicable in MO) Yes No If "yes", with what Company and on what terms? ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this for shall be the basis of the contract should a policy be issued. QUESTIONS TO BE ANSWERED BY AGENT Is the Owner well and favorably known to you? Do you unqualifiedly recommend the moral and physical risk? List supporting insurance in this Company showing policy number and premium	FIVE YEARS LOSS REC	CORD-All vesse	els owned or operated by	the Assured including vess	els sold or lost.				
Does this placing include all vessels operated by the Assured or affiliated or subsidiary companies? If not, explain: Present Insuring Company Provide copies of current policies if available? Expiration date of current policy? Attachment date if different than above. Has any company ever cancelled or non-renewed any insurance for this owner? (not applicable in MO) Yes No If "yes", with what Company and on what terms? ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION GONCERNING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION OR CONCERNING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION OR CONCEANING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION OR CONCEANING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, MI					Loss before	Paid or			
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