



COMMERCIAL HULL AND P&I APPLICATION

Name of Applicant: _____
 Owners: _____
 Occupations(s): _____
 Business Address _____ Website _____
 Mortgagee: _____
 Mortgagee's Address: _____

HULL COVERAGE

| Name of Vessel | Year Built | Gross Ton. | Material Of Hull | Type of Propulsion & H.P. | Type of Vessel | Length & Beam | Date of Last Drydock | Desired Amount of Insurance |
|----------------|------------|------------|------------------|---------------------------|----------------|---------------|----------------------|-----------------------------|
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PROTECTON & INDEMNITY COVERAGE

| Name of Vessel | Type of Cargo Carried | No. Crew (excl. Owner) | Max No of Passengers Cert. By U.S.C.G. | Liability of Vessels & Cargo in tow desired | Desired Amount of Insurance |
|----------------|-----------------------|------------------------|--|---|-----------------------------|
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GENERAL DESCRIPTION OF OPERATION

Type of work employed in: _____

Experience of Employee's and Licenses: _____

Towboats only: Type and number of vessels in tow and copy of towage contract:

Non-propelled Vessels: Give details of tower and copy of towage contract:

Are Towers released? _____ By whom? _____

Navigation limits required: _____

Is Watchman Service Provided? _____

Where can vessel(s) be inspected? _____

Person to contact (name & phone #) _____

Attach recent surveys if available.

Is vessel(s) ever Laid-up? _____ Location: _____ Dates: _____

Is the Vessel operated by Owner? _____

FIVE YEARS LOSS RECORD-All vessels owned or operated by the Assured including vessels sold or lost.

| Vessel Involved | Date of Loss | Location of Accident | Details of Accident | Gross Amt of Loss before any deductible | Current Status Paid or Outstanding |
|-----------------|--------------|----------------------|---------------------|---|------------------------------------|
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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 form shall be the basis of the contract should a policy be issued.

Date: _____, 20 _____

Signature of Applicant

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 _____

AGENT _____ ADDRESS _____