



## Commercial Vessel Application

### Production Agent/Broker

**Name of Agent or Broker** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address of Agent or Broker** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
 Is this a new account to the Agent?  Yes  No  
 If "No", how many years has account been held? \_\_\_\_\_

### Applicant

**Name of the Assured** \_\_\_\_\_  
*(Include names of all subsidiary firms or corporations to be insured)*  
**Address of Assured** \_\_\_\_\_ **Web site** \_\_\_\_\_  
 \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Name of Principal(s) and/or Owner(s)** \_\_\_\_\_  
**Period of time Applicant has been a marine related company** \_\_\_\_\_

### Vessel(s) Information

*Please attach additional pages if additional space is required*

YEAR	NAME	MAKE/MODEL	LOA	HULL #	HULL VALUE

TYPE OF ENGINES	# ENGINES	MAKE/MODEL	HP

Please describe all the Navigational and/or Safety Equipment per vessel

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If Applicable, List Type of Fishing or Specialty Gear (Fishing Vessels using Pots, Please List Number & Value of Pots);

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**Service and Maintenance**

Describe regular maintenance and service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List major work done in past five years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Crew and Passenger Information**

List Names of all Captain(s)/Operator(s) and Licenses Held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maximum Number of Crew Aboard at any One Time (include Captain if not the assured): \_\_\_\_\_

Describe Hiring Procedure/Testing for Shipboard Personnel: \_\_\_\_\_

\_\_\_\_\_

Maximum Number of Passengers Carried, per USCG Certificate of Inspection: \_\_\_\_\_ Not Inspected? \_\_\_\_\_

**Coverages Requested**

Hull and Machinery:  Yes  No. If yes, Market Value from Last Survey: \$ \_\_\_\_\_

Replacement Value: \$ \_\_\_\_\_ Sum To Be Insured: \$ \_\_\_\_\_

Strikes, Riots and Civil Commotions:  Yes  No War:  Yes  No Breach of Warranty:  Yes  No

Protection and Indemnity:  Yes  No. If yes, please select the limit desired.

Limit of Liability desired:  \$500,000  \$1,000,000  \$2,000,000  \$5,000,000  Other \$ \_\_\_\_\_

Coverage for Crew Desired:  Yes  No Number of Crew any one vessel: \_\_\_\_\_

List any Other Coverages Desired:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Loss Record**

Please list all reported incidents for the previous **FIVE** years. The list must include ALL previously closed claims, including those Closed Without Payment, **ALL** incidents whether an “estimate of loss” has been set or not and **ALL** other claims where an estimate has been set and/or payments made. Please also list annual premium (if available)

Date of Loss	Nature of Loss	Deductible Applied	Paid Amount	Reserved Amount	Details of Loss

Applicants Statement: The information contained in this application is to the best of my knowledge accurate and is a true basis on which insurance may be granted; I understand that in no way am I bound to accept any quotations which the underwriters may make, and that underwriters are not bound to accept this risk. Should a policy be issued and accepted by me, this signed application for marine insurance and the information contained herein shall become part of the underwriting file upon which the insurance is based, and I agree to advise underwriters of any significant and/or materials changes and or alterations in the vessel's use, operation, or physical characteristics,

Signature of Assured: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_