

Please print or type. Attach your current Condition and Valuation Survey.

**APPLICANT INFORMATION**

1. Name of Applicant ( <i>Owner of Vessel</i> )		2. Applicant Web Site Name
3. Address ( <i>No., Street, City, State, Zip Code</i> )		4. Telephone No.
5. Principal Business of Owner		6. Yrs. Experience as Vessel Owner
7. Total Gross Receipts for Last 12 Months	8. Total Gross Payroll for Last 12 Months	9. Total Gross "Jones Act" Payroll for last 12 Months

**GENERAL INFORMATION**

10. Name of Captain of Vessel		11. Age	
12. Address ( <i>No., Street, City, State, Zip Code</i> )			
13. How long employed as a captain	14. Total Yrs Experience	15. Does captain hold a Coast Guard license as a master? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. No. of Crew ( <i>excluding captain</i> )
17. <b>Attach crew list with names, positions, licenses, Date of Employment.</b>		18. If vessel is mortgaged, amount outstanding \$	19. Mortgage Expiration Date
20. Mortgagee Name			
21. Mortgagee Mailing Address ( <i>No. Street, City, State, Zip Code</i> )			
22. Name of Present Insurer			23. Expiration Date
24. Has insurance ever been cancelled or non-renewed on this vessel or other vessels owned or operated by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain?</i>			

**DESCRIPTION OF VESSEL**

***If more than one vessel attach schedule. If recent vessel survey is available please attach.***

25. Name of Vessel		26. Home Port		27. Official No.
28. Purchased From	29. Date	30. Purchase Price \$	31. Present Market Value \$	32. Current Replacement Value \$
33. Year Built		34. Built By		
35. Type of Vessel	36. Length	37. Beam	38. Draft	
39. Material of Hull			40. Gross Tons	41. Net ons
42. Has the vessel ever been classified and if so, is it still "in class"? ( <i>give details</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No				
43. If vessel is a barge, is it: <input type="checkbox"/> Single Skin <input type="checkbox"/> Double Skin		44. What is cargo capacity ( <i>barrels. or tons</i> ) and type of cargo carried?		
45. Date last drydocked	46. Where	47. Describe Work Done		
48. Date last Surveyed	49. By Whom			
50. Have all recommendations been fully complied with? ( <i>If no, please explain.</i> )				

51. List all vessels owned or partly owned by applicant:

## ENGINES AND EQUIPMENT

52. Make of Main Engine	Model	Year	H.P.
53. Has engine been overhauled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	When	By Whom	
54. Make of Generator	Model	Year	H.P.
55. Has generator been overhauled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	When	By Whom	
56. Are engines equipped with high temperature/low oil pressure alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	Make		
57. Does the vessel have a bilge alarm in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>	Make	Location	
58. Does the engine room have automatic fire extinguishing system? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate:</i>			

59. Does fire extinguishing equipment meet U.S.C.G. requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	60. Does the vessel have non-skid paint or surface on deck and on all ladders? <input type="checkbox"/> Yes <input type="checkbox"/> No
61. Does all safety equipment meet U.S.C.G. requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list all safety equipment:</i>	

62. Describe equipment involving cargo loading and unloading:

63. Do all cranes and winches have effective guards? <input type="checkbox"/> Yes <input type="checkbox"/> No	64. If vessel is certified to carry passengers, what is the United States Coast Guard or Canadian Coast Guard passenger limit?
65. What is the average number of passengers?	66. Describe accommodations:
67. Describe all electronic, navigation, communication and special equipment:	

## DESCRIPTION OF OPERATIONS

68. Describe the service in which the vessel is used: *(If fishing vessel, state type of fishing and dates of operation.)*

69. What waters are navigated?

70. Dates between which the vessel will be laid up annually:

From:

To:

71. Describe maintenance *(Including haul-out schedules):*

72. Describe loss-control practices:

**LOSS HISTORY**

**73. Attach loss runs or list losses and amounts paid and case for the last 5 years. Use separate sheet if necessary.**

**HULL LOSSES**

Date of Loss	Description of Loss	Gross Amount (Paid/Reserve)

**P & I LOSSES**

Date of Loss	Description of Loss	Gross Amount (Paid/Reserve)

**COVERAGE REQUIRED**

**HULL AND MACHINERY**

74. Insured Value \$	75. Deductible \$	76. Loss Payee (if any)
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**PROTECTION AND INDEMNITY**

77. Limit of Liability: \$	78. Deductible \$	79. Crew Coverage <input type="checkbox"/> Include <input type="checkbox"/> Exclude
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**ADDITIONAL COVERAGE REQUIRED**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Tower Liability                     | <input type="checkbox"/> Excess P & I<br>Limit: \$ _____                     | <input type="checkbox"/> War Risks      |
| <input type="checkbox"/> Cargo Legal Liability               | <input type="checkbox"/> Excess Collision/Tower Liability<br>Limit: \$ _____ | <input type="checkbox"/> Hull Only      |
| <input type="checkbox"/> Pollution Coverage                  |  | <input type="checkbox"/> Hull and P & I |
| <input type="checkbox"/> Strikes, Riots and Civil Commotions |  |   |

**FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

**COLORADO FRAUD WARNING:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**HAWAII FRAUD WARNING:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA FRAUD WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**REQUIRED COMPLETION - READ AND SIGN**

**I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.**

Applicant's Signature X	Date
Agent's Signature X	Date