



APPLICATION FOR HULL/PROTECTION AND INDEMNITY INSURANCE

Applicant Name:	Proposed Effective/Expiration Date:
Mailing Address (including City, State, Zip):	
List of Home Ports:	
1.	
2.	
3.	

General Information

Operations:
Has any company ever canceled or non-renewed insurance for the applicant? If yes, please explain.
Owner/Operator Experience (include years of expertise and prior experience if any):

Hull:

Vessel Name/Make	Year	Propulsion/HP	Construction	Type	Date of last dry-dock	Limit Request
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Deductible:						
Mortgagee Information:						
Navigation Limits:						
Date of Last Survey: (please attach)					Additional Equipment:	

Protection & Indemnity:

Limit Request:	BI Deductible:
	PD Deductible:
Does applicant Tow owned and/or Barges of others?	Owned/Others/Both/None
If Yes, average/maximum number of Barges any one tow?	_____ / _____
If Yes, types of Vessel Towed:	_____ Petroleum / _____ Chemical / _____ Dry Cargo
If others, please explain:	
Is applicant released from Liability?	YES / NO
Do others Tow applicants Vessels?	YES / NO
If Yes, is Tower released?	YES / NO
Navigation Limits Requested:	
Does applicant require Cargo Legal Liability?	YES / NO If Yes, please specify
Types of Cargo Carried:	
Maximum Value per Shipment:	\$
Please provide details of all contractual obligations the applicant might incur as applicable to this insurance	
Crew Experience:	
	Number of Crew Employers Years with Applicant Total Years Experience
Captain	
Engineers	
Other Crew	

Other:

Do you have a lay-up period? If so, please explain and location of lay-up.
If Vessel(s) operate in hurricane zones, please describe wind plan or attach written wind plan:

LOSS EXPERIENCE:

List all claims (insured or not) during past 5 years on all operations. (ATTACH FULL LOSS EXPERIENCE DETAILS)				
YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.