

ESSEX INSURANCE COMPANY

HULL INSURANCE APPLICATION

(Please complete for each vessel to be insured)

Name of Applicant:					
Address of Applicant:					
Name and Description of Vessel:					
Dimensions of vessel:					
Where was vessel Built: Manufacturer: Date Built:					
Rebuilt: Material: Steel: Fiberglass:					
Make of Engines:Built: Rebuilt: H.P.:					
Type of Service:					
Home Port: Official Number: Waters Navigated:					
Is Vessel Laid Up During Year? YES NO Where?					
Length of Navigation Season:					
Cost New: \$ Replacement Cost: \$ Purchase Price:					
Date Purchased:					
Amount of Insurance Desired \$					
Date of last haulout:					
Date of most recent survey (please attach):					
Applicant's Experience and Reputation:					

FIVE YEAR PREMIUM AND LOSS RECORD

YEAR	GROSS PREMIUM	LOSSES PAID **	LOSSES OUTSTANDING
TOTAL			
** (Please describe all loss	ses paid or outstanding in exce	ess of \$ 5,000)	•
DESCRIBE SPECIAL F	EATURES:		
INSURANCE DESIRED: Navigating Port Risk I.V. or excess			
Deductible: \$			
LOSS PAYEE:			
Ins	ured's signature	Date	