

Commercial Hull and P&I Application

(To be submitted with ACORD Applications)

APPLICANT GENERAL INFORMATION		
Applicant:		
Mailing Address:		
City, State & Zip Code:		
Website Address:		
Length of time in business:	Years Months	Proposed effective date:
Survey Contact / Phone #:		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
Description of Operations:		
What is the experience of the principles with this type of operation?		
How many years has a vessel been used in the operations of this business?		
Gross Receipts for this operation last year:		
Projected Gross Receipts for the next 12 months:		
Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries? <input type="checkbox"/> No <input type="checkbox"/> Yes		

PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Auto-Owner's Agent #:

COVERAGE REQUESTED	
<input type="checkbox"/> Protection and Indemnity (P&I) Limit: <input type="checkbox"/> Medical Payments Limit: <input type="checkbox"/> Uninsured Vessel Limit: <input type="checkbox"/> Cargo Legal Liability Limit: <input type="checkbox"/> Crew Limit: <input type="checkbox"/> Additional Insured – interest: Name: Address:	<input type="checkbox"/> Hull / Vessel Physical Damage <input type="checkbox"/> Personal Effects (insured's personal effects only) <input type="checkbox"/> Lienholder Name: Address:

<ol style="list-style-type: none"> 1. READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. <u>ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED</u> (IF COVERAGE IS BOUND) BASED ON THIS APPLICATION. 2. COMPLETE ALL APPLICABLE SECTIONS ON THE FOLLOWING PAGES FOR ALL COVERAGES BEING REQUESTED. 3. STATE NO, YES, OR N/A WHERE APPROPRIATE. 4. PROVIDE A COMPLETE COPY OF THE MOST RECENT SURVEY, INCLUDING PHOTOS, OF THE VESSEL. 3A. <i>if the survey produced any recommendations or findings, provide signed written compliance, by the applicant / vessel owner, of survey recommendations and findings. Applicant / vessel owner must advise in detail of each recommendation or finding not complied with.</i> 5. IF NAVIGATING IN COASTAL AREAS, PROVIDE A WRITTEN WINDSTORM / HURRICANE PREPAREDNESS PLAN. 6. PROVIDE A COMPLETE CURRENT CAPTAIN'S RESUME ON EACH PERSON SEEKING TO BE CONSIDERED FOR DESIGNATED VESSEL OPERATOR STATUS. 7. PROVIDE A COMPLETE CURRENT MVR (3 YEAR MINIMUM) ON EACH PERSON SEEKING TO BE CONSIDERED FOR DESIGNATED VESSEL OPERATOR STATUS.

VESSEL INFORMATION						
Documentation	Vessel Name	Length	Weight	Total HP	Max Speed	Fuel Type
Property	Year	Manufacturer & Model	Hull ID / Serial Number	Purchase Date	Purchase Price	Current Value
Vessel						
Engine #1						
Engine #2						
Engine #3						
Engine #4						
Engine #5						
VESSEL TOTAL:						
Tender						
Tender Engine						
TENDER TOTAL:						
Trailer						
Number of Axles:		Capacity:				
SCHEDULE OF VESSEL EQUIPMENT						
Itemize equipment that is generally kept aboard and required for the safe operation, navigation or maintenance of the vessel. Use additional sheet if necessary.						
Description, Manufacturer & Model	Serial Number	Purchase Date	Purchase Price	Current Value		
Vessel Type						
SCHEDULE OF PERSONAL EFFECTS						
List items which belong to you such as fishing gear, cameras, scuba equipment, portable radios, and wearing apparel, etc., for which you desire coverage.						
Description, Manufacturer & Model	Serial Number	Purchase Date	Purchase Price	Current Value		
VESSEL TYPE						
<input type="checkbox"/> Airboat	<input type="checkbox"/> Commercial Fisher	<input type="checkbox"/> Inflatable / RIB	<input type="checkbox"/> Push Boat	<input type="checkbox"/> Submarine		
<input type="checkbox"/> Amphibious	<input type="checkbox"/> Crew / Supply Boat	<input type="checkbox"/> Jet Ski / WaveRunner	<input type="checkbox"/> Research Vessel	<input type="checkbox"/> Trawler		
<input type="checkbox"/> Barge	<input type="checkbox"/> Dinghy	<input type="checkbox"/> Jon boat	<input type="checkbox"/> Sailboat – Catamaran	<input type="checkbox"/> Tug		
<input type="checkbox"/> Bass Boat	<input type="checkbox"/> Dragon Boat	<input type="checkbox"/> Kayak	<input type="checkbox"/> Sailboat – Mono Hull	<input type="checkbox"/> Utility Boat		
<input type="checkbox"/> Bowrider / Runabout	<input type="checkbox"/> Dredge	<input type="checkbox"/> Passenger Boat	<input type="checkbox"/> Sailboat – Trimaran	<input type="checkbox"/> Work Boat		
<input type="checkbox"/> Cabin Cruiser	<input type="checkbox"/> Excursion	<input type="checkbox"/> Performance V-Hull	<input type="checkbox"/> Semi-Submersible	<input type="checkbox"/> Yacht		
<input type="checkbox"/> Canoe	<input type="checkbox"/> Ferry	<input type="checkbox"/> Performance Cat	<input type="checkbox"/> Skiff	<input type="checkbox"/> Other:		
<input type="checkbox"/> Center Console	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Pontoon Boat	<input type="checkbox"/> Sport Fisher			
<input type="checkbox"/> Charter Fishing	<input type="checkbox"/> Hovercraft	<input type="checkbox"/> Power Catamaran	<input type="checkbox"/> Stern Wheeler			

VESSEL INFORMATION (continued)		
VESSEL ENGINE TYPE	VESSEL FUEL TYPE	VESSEL HULL CONSTRUCTION TYPE
<input type="checkbox"/> None <input type="checkbox"/> Air Prop <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard / Outboard (I/O) <input type="checkbox"/> Jet Drive <input type="checkbox"/> Outboard <input type="checkbox"/> Steam <input type="checkbox"/> Turbine <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Gasoline <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Solar <input type="checkbox"/> Steam <input type="checkbox"/> Other:	<input type="checkbox"/> Advanced Composite <input type="checkbox"/> Aluminum <input type="checkbox"/> Ferrocement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Inflatable <input type="checkbox"/> Rigid Inflatable <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Wood w/ Fiber Reinforced Plastic (FRP) <input type="checkbox"/> Other:
SAFETY / ANTI-THEFT EQUIPMENT		
<input type="checkbox"/> Depth Finder <input type="checkbox"/> VHS / Ship To Shore Radio <input type="checkbox"/> Loran / Satellite Navigation or GPS <input type="checkbox"/> Radar <input type="checkbox"/> EPIRB	<input type="checkbox"/> Theft Tracking Device / Monitoring System <input type="checkbox"/> Electronic Burglar Alarm <input type="checkbox"/> Outboard Motor / Outdrive Unit Locks <input type="checkbox"/> Propeller Hub Locks <input type="checkbox"/> Trailer Ball or Axle Locks	<input type="checkbox"/> Vapor Detection System <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Auto Fire Suppression in Engine Space <input type="checkbox"/> High Water Alarm <input type="checkbox"/> Other:

GENERAL VESSEL INFORMATION		
1. How vessel is used:		
1a. What percentage per year is vessel used:	Commercially:	For Private Pleasure Only:
1b. Is this vessel corporately titled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Navigation Area:		
2a. Average and maximum miles from shoreline vessel is navigated:	average	maximum
3. Mooring/Storage Address (when in use):		
4. Lay-up Period: From	to	<input type="checkbox"/> On Land <input type="checkbox"/> Afloat
4a. Lay-up address (when not in use):		
5. Any night navigation/overnight Trips:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	
5a. Do persons stay aboard the vessel overnight?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	
6. Date of last survey:	(attach a complete copy including photos)	<input type="checkbox"/> Out of Water <input type="checkbox"/> Afloat
6a. Have all Survey Recommendations been complied with?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. Date of last haul out and work completed:		
7. Are maintenance and operation logs kept for this vessel?		<input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:
8. Has the vessel, vessel engine(s) or operating equipment been modified or altered from their original stock condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
9. Is there any pre-existing damage to this vessel?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:

GENERAL VESSEL INFORMATION (continued)			
10.	Type of vehicle used to tow the vessel:	Year:	Make: Model:
10a.	How often will the vessel be trailed to the area of use?		Times per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
10b.	Distance any one way the vessel will be trailered:	Average:	Maximum:
11.	Does vessel comply with all United States Coast Guard (U.S.C.G.) requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:
12.	Max Number of Passengers Cert. by U.S.C.G.:		
13.	Max Number of Passengers on board at any time:		
14.	Is food or alcohol served to passengers?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
15.	List and describe all other commercial activities conducted on the premises where the vessel operates from, whether owned or non-owned:		
15a.	If owned, is there other insurance in force for the other commercial activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:
16.	Additional Comments:		

OPERATOR AND CREW INFORMATION (provide captain resume & 3 year minimum current MVR on each operator)				
Name	Date of Birth	Drivers License No. & State	Position	USCG License
Safety and boating courses completed:				
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Safety and boating courses completed:				
1.	Has any operator or crew member had any accidents or moving violation in the prior three (3) years?			<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
1a.	During the prior three (3) years, has any operator had their drivers license suspended, revoked or refused?			<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
1b.	Has any operator or crew member ever been convicted of a felony or DUI?			<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
2.	Does the owner employ a captain, crew or other employees to operate or maintain the vessel(s)?			<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
3.	Does each operator or Master hold the appropriate license for each vessel they operate and the usage?			<input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:

OPTIONAL COVERAGES			
EQUIPMENT COVERAGE			<input type="checkbox"/> No <input type="checkbox"/> Yes
Item Description (make/model)	Serial	Total Value	Attached to Vessel
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
CREW COVERAGE (provide crew resume & 3 year minimum current MVR on each person)			<input type="checkbox"/> No <input type="checkbox"/> Yes
1. Is the Captain the owner:			<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Number of crew (Excl. owner):			
No. of Full Time Crew:		No. of Part Time Crew:	
3. Are the operator and crew in good health and able to perform the duties required by the job?			<input type="checkbox"/> No <input type="checkbox"/> Yes
CARGO			<input type="checkbox"/> No <input type="checkbox"/> Yes
1. Type of Cargo Carried:			
2. Liability of Vessels & Cargo in Tow Desired:			<input type="checkbox"/> No <input type="checkbox"/> Yes
SUDDEN & ACCIDENTAL POLLUTION			<input type="checkbox"/> No <input type="checkbox"/> Yes

PRIOR COVERAGE											
<u>Name of Current & Prior Carriers</u>	<u>Expiring Premium</u>	<u>Policy Expiration Date</u>	<u>Coverage Afforded</u>								
	\$										
	\$										
	\$										
<p>Has the vessel been uninsured anytime during the past 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Any policy of coverage declined, cancelled or non-renewed during the prior 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "Yes", please explain: _____</p> <p>Has the applicant (insured) ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "Yes", please explain: _____</p> <p>Any losses in the past 5 years to this vessel or other vessels owned? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", advise to the following:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%; text-align: left;"><u>Claim Details (date; cause; open or closed; etc.)</u></th> <th style="width: 40%; text-align: left;"><u>Amount Paid / Amount In Reserve</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>\$ _____</td> </tr> <tr> <td>2. _____</td> <td>\$ _____</td> </tr> <tr> <td>3. _____</td> <td>\$ _____</td> </tr> </tbody> </table>				<u>Claim Details (date; cause; open or closed; etc.)</u>	<u>Amount Paid / Amount In Reserve</u>	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____
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1. _____	\$ _____										
2. _____	\$ _____										
3. _____	\$ _____										

Applicant's (Insured's) Signature	Printed Name	Title	Date
Agent's Signature	Printed Name	Title	Date