



OCEAN MARINE APPLICATION

Marine Commercial Liability Marine Contractors Supplemental Information



OCEAN MARINE DIVISION

Schedule of Vessels to be insured: (attach separate sheet if necessary)

Applicable Coverage: Hull P&I Pollution

HULL DESCRIPTION	LENGTH	AGE	GRT	HULL LIMIT	HULL DED.	P&I
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>

PROTECTION AND INDEMNITY COVERAGE:

Limit Required: \$ _____ Deductible: \$ _____ # of crew to be covered excluding owners: _____

POLLUTION LIMIT: (IF APPLICABLE)

OPA: \$ _____ CERCLA: \$ _____

BERTHING LOCATION OF VESSELS:

EXPERIENCE OF VESSEL OPERATORS INCLUDING ANY USCG LICENSE INFO:

SCHEDULE OF EQUIPMENT TO BE INSURED: (ATTACH SEPARATE SHEET IF NECESSARY)

DESCRIPTION	AGE	MODEL	DEDUCTIBLE	LIMIT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Who is your current insurance carrier: _____

How long have you been insured by them: _____

Has your insurance ever been cancelled or nonrenewed? No Yes If yes, please explain:

Current Premiums (i.e. Deposit and Adjustment rate):

MCL Limit of Liability required: \$

MCL deductible required: \$

Proposed date of attachment:

**Marine Comprehensive Liability, Hull, P&I and Pollution loss record prior five years
(attach hard loss runs, Gross claim prior to deductible)**

DATE OF LOSS	DETAILS OF LOSS	TOTAL AMOUNT OF DAMAGE	CURRENT STATUS	
			OPEN	CLOSED
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE YARD AND BUILDING FIRE PROTECTION:

DESCRIBE YARD SECURITY:

Are revenues generated from other than the marine operations described above? No Yes If yes, provide details:

Does applicant use employee leasing services and/or temporary workers? No Yes
If yes, are there:
Hold harmless/indemnity agreements in place in the applicant's favor? Yes No
Waiver of subrogation? Yes No
Are certificates of insurance obtained? Yes No
What Limits? _____

TO ARRANGE A YARD INSPECTION CONTACT:

NAME	ADDRESS	PHONE NUMBER

REMARKS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE	COMPANY TITLE	DATE
PRODUCER SIGNATURE	COMPANY TITLE	DATE

Additional Comments: