



## 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: <b>(please attach)</b>				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**

Is crew coverage required?  Yes  No  
 Is a personal accident and/or health care plan in force?  Yes  No  
 Is a Maritime Employers Liability policy in force?  Yes  No  
 Is a General Liability policy in force?  Yes  No  
 If a GL policy is in force, is the watercraft exclusion deleted?  Yes  No

Crew Experience:	Number of Crew Employers	Years with Applicant	Total Years Experience
Captains			
Engineers			
Other Crew			

Maximum crew working on applicant's vessel at any one time? \_\_\_\_\_  
 Total number of crew employed by applicant? \_\_\_\_\_  
 Total Jones Act payroll? \$ \_\_\_\_\_  
 Does the crew work on a shift basis?  Yes  No  
 If yes, please provide details:  
     Period of time for each shift: \_\_\_\_\_  
     Number of shifts in a 24 hour period: \_\_\_\_\_  
     Number of crew assigned to each shift: \_\_\_\_\_  
     Does the crew from one shift remain onboard after being relieved by another shift?  Yes  No  
 Is the crew issued a copy of the deck hand manual?  Yes  No

Provide details of pre-employment program carried out prior to hiring any new crew (physicals, drug/alcohol screening, back x-rays or MRI's, reference checks, etc.).

When was the pre-employment program put in effect?

Are CCTV's in areas to monitor crew when working in potential hazardous or confined areas on the vessel?  Yes  No

Is there a daily sign-off system in place for crew when disembarking at the end of their shift noting any incidents used?  Yes  No

Are random drug/alcohol test conducted?  Yes  No

If yes, how often?: \_\_\_\_\_

Are records of pre-employment checks and random drug/alcohol results maintained?  Yes  No

Is crew hired through crewing agencies/labor pools?  Yes  No

**Third parties:**

Is third party personnel quartered and/or working from a scheduled vessel?  Yes  No

If yes, describe circumstances as to third party personnel on board.

If there is a written contract, is the applicant released from liability for injury to third party personnel?  Yes  No

If yes, please provide details below:

If the vessel is used to carry passengers, what is the US Coast Guard Maximum rated capacity? \_\_\_\_\_

What is the average number of passengers on board? \_\_\_\_\_

**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.**

(August 2014)