



Application for Quotation
Hull And Protection & Indemnity Insurance – Commercial Vessels

Name of Applicant: _____
 Owners: _____
 Occupations(s): _____
 Business Address _____ Telephone No. _____
 Mortgagee: _____
 Mortgagee's Address: _____

HULL COVERAGE

Name of Vessel	Year Built	Gross Ton.	Material Of Hull	Type of Propulsion & H.P.	Type of Vessel	Length & Beam	Date of Last Drydock	Desired Amount of Insurance

PROTECTON & INDEMNITY COVERAGE

Name of Vessel	Type of Cargo Carried	No. Crew (excl. Owner)	Max No of Passengers Cert. By U.S.C.G.	Liability of Vessels & Cargo in tow desired	Desired Amount of Insurance

GENERAL DESCRIPTION OF OPERATION

Type of work employed in:
 Experience of Employee's and Licenses:

 Towboats only: Type and number of vessels in tow and copy of towage contract:

 Non-propelled Vessels: Give details of tower and copy of towage contract:

Are Towers released? _____ By whom? _____

Navigation limits required: _____

Is Watchman Service Provided? _____

Where can vessel(s) be inspected? Please provide updated Surveys for each vessel: _____



Is vessel(s) ever Laid-up? _____ Location: _____ Dates: _____

Is the Vessel operated by Owner? _____

FIVE YEARS LOSS RECORD-All vessels owned or operated by the Assured including vessels sold or lost.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt of Loss before any deductible	Current Status Paid or Outstanding

SPECIAL INFORMATION

Does this placing include all vessels operated by the Assured or affiliated or subsidiary companies? _____

If not, explain: _____

Present Insuring Company _____ Provide copies of current policies if available? _____

Has any company ever cancelled insurance for this owner? _____

If "yes", with what Company and on what terms? _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.

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

Date _____, 20____
: _____

Signature of Applicant

QUESTIONS TO BE ANSWERED BY AGENT

Is the Owner well and favorably known to you? _____

Do you unqualifiedly recommend the moral and physical risk? _____

List supporting insurance in this Company showing policy number and premium _____

AGENT _____ ADDRESS _____