

## COMMERCIAL HULL AND P&I APPLICATION

Name of Applicant: \_\_\_\_\_

Owners: \_\_\_\_\_

Occupations(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Website \_\_\_\_\_

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

\*attach copy of vessel(s)' USCG Certificate of Inspection.

### Hybrid/Electric Vessel Information

To be used if any vessels are hybrid electric or use alternative fuels

What type of fuel is used? \_\_\_\_\_

Firefighting capabilities with new fuel? \_\_\_\_\_

What shipyard was the hybrid electric vessel built/rebuilt in? \_\_\_\_\_

If rebuilt, are alternators re-regulated? \_\_\_\_\_

Who was the integrator and what is the experience? \_\_\_\_\_

Does the integrator offer a warranty period? Is so, how long? \_\_\_\_\_

What work is warranted by the integrator? What is the availability of field technicians in the area? \_\_\_\_\_

What is the fire suppression system in the engine room? \_\_\_\_\_

Is the crew adequately trained on the fire system? \_\_\_\_\_

Where is the fire control panel and has there been training on the warnings and shutdown faults? \_\_\_\_\_

What type of battery (are they LiFePO4) and what is the cost to replace? \_\_\_\_\_

Is the vessel equipped with a BMS (Battery Monitoring System)? \_\_\_\_\_

Where are the batteries located and are they in a waterproof/resistant box/area? Are the batteries air cooled or water cooled? \_\_\_\_\_

Describe the shoreside power maintenance/operation/connections. Is there a DC-to-DC Converter? \_\_\_\_\_

Is there any winter storage of vessels? What are the conditions (inside/outside)? \_\_\_\_\_

Does the power supply meet ABYC standards (smaller vessels)? \_\_\_\_\_

**GENERAL DESCRIPTION OF OPERATION**

Type of work employed in: \_\_\_\_\_

Experience of employees 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?  Yes  No By whom? \_\_\_\_\_

Navigation limits required: \_\_\_\_\_

Is watchman service provided?  Yes  No

Where can Vessel(s) be inspected? \_\_\_\_\_

Person to contact (name & phone #) \_\_\_\_\_

Attach recent surveys if available.

Is Vessel(s) ever laid-up?  Yes  No

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Is the Vessel operated by owner? Yes  No

**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?  Yes  No

If not, explain: \_\_\_\_\_

Present Insuring Company \_\_\_\_\_ Provide copies of current policies if available.

Expiration date of current policy \_\_\_\_\_

Attachment date if different \_\_\_\_\_

Has any Company ever cancelled or non-renewed any insurance for this owner? (not applicable in MO)

Yes  No 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 AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**QUESTIONS TO BE ANSWERED BY AGENT**

Is the owner well and favorably known to you?  Yes  No

Do you unqualifiedly recommend the moral and physical risk?  Yes  No

List supporting insurance in this Company showing policy number and premium \_\_\_\_\_

AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_