



COMMERCIAL VESSEL HULL AND P&I INSURANCE APPLICATION

Insured: _____

Address of Insured: _____

Effective Date: _____ (12:01 AM)

Mortgagee: _____

Address of Mortgagee: _____

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 Dry Dock	Desired Amount of Insurance

PROTECTION & 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 INFORMATION

Description of Operations: _____

Navigation Area: _____

Lay up Period: From: _____ (12:01 AM) To: _____ (12:01 AM)

Is Vessel: Hauled Dockside On Mooring

Any Overnight Trips: Yes No If yes, explain: _____

Principal Place of Mooring: _____

When was Vessel Last Surveyed: _____ By Whom: _____

Have All Surveyor's Recommendations Been Completed Yes No

If no, explain: _____

Experience of Operator: _____

Valid Coast Guard License: Yes No

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? _____

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 placement include all vessels operated by the Assured or affiliated or subsidiary companies? Yes No
If no, explain: _____

Present Insuring Company: _____ Provide copies of current policies if available.

Has any company ever cancelled insurance for this owner? Yes No

If yes, with what company and on what terms? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____
Print Name: _____ Title: _____



MASSACHUSETTS
50 Salem Street
Building B • 3rd Floor
Lynnfield, MA 01940
781-295-0270

VIRGINIA
7130 Glen Forest Drive
Suite 405
Richmond, VA 23226
804-644-5600

www.isr-insurance.com