



VESSEL POLLUTION LIABILITY INSURANCE APPLICATION

Named Insured: _____

Mailing Address: _____

Effective Date From: _____ To: _____ (12:01 AM)

Limit Requested: _____

VESSEL INFORMATION

Year Built	Vessel Name	USCG Doc. #	State Reg. #	Construction/Type	Double Hull	Single Hull	GRT	Fuel Capacity

If More Than 5 Vessels, Please Attach Vessel Schedule

GENERAL INFORMATION

Description of Operations: _____

Navigation Area: _____

Are Owned Vessels Tank Barges/Vessels? Yes No

If Yes, Products Carried: _____

Does Applicant Tow Tank Barges/Vessels? Yes No

If Yes, What is the Capacity of Towed Barges/Vessels? _____ <10,000 Gal. _____ >10,000 Gal.

Do Any of the Scheduled Vessel(s) Require a USCG Certificate of Financial Responsibility? Yes No

If Yes, Please Identify Vessel(s):

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 Carriers: (Provide Copies of Current Policies if Available)

Vessel Pollution: _____

Hull and P&I: _____

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