



COMMERCIAL LOBSTERBOAT HULL/P&I APPLICATION

Coverage can be quoted but not bound without a signed Application at time of binding.

GENERAL INFORMATION

If accepted, what is the desired effective date? _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

Port where boat is moored: _____

Contact name for Condition and Value Survey: _____

Phone number for Condition and Value Survey contact: _____

Lay-up period: _____

Lay-Up location: _____

When was vessel last surveyed: _____

By whom was vessel last surveyed? _____

Date of last haul out? _____ Where? _____

What work was done? _____

Is boat operated by owner? Yes No

If NO, name of captain: _____ Years of experience: _____

Number of years owning/operating lobster boats?

Boat is used from: _____ to _____ for lobstering, and

From: _____ to _____ for what other type of fishing?

Six Pack Charters? Yes No **IF YES**, attach separate sheets with details

LOSSES

Loss experience (past three years including any uninsured losses) _____

Date of Loss: _____

Description of loss: _____

Amount Paid: \$ _____

If NO losses, check this box:



HULL

Name of boat: _____

Builder: _____

Year built: _____ Length: _____

Hull material: _____

Agreed value/amount insured: _____

Is Breach of Warranty required? Yes No IF YES, please provide loan amount \$_____

Name/Address of mortgagee: _____

Loss Payee: _____

Is Tender Coverage desired? Yes No

Tender/Outboard description/value? _____

ENGINE

Year: _____ Horse Power: _____ Fuel Type: _____

Mfg./Model: _____ Serial Number: _____

Current number of engine hours: _____

Is the boat equipped with a functioning hour meter? Yes No

Date engine was last overhauled? _____ By whom? _____

Is engine equipped with high temperature/low oil pressure alarms? Yes No

PROTECTION AND INDEMNITY

Is this coverage desired? Yes No

Limit of liability desired? \$100,000 \$300,000 \$500,000 \$1,000,000

Number of part-time crew to be covered? _____

Number of full-time crew to be covered? _____

Do you wish to cover the captain under the P&I? Yes No

EQUIPMENT

Check all that are applicable:

- Fire extinguisher(s) Automatic fire alarm system Loran Survival suits
- Built-in Co₂ Automatic pilot Radar Other
- VHF depth sounder/recorder GPS SSB
- EPIRB Electronic chart

MISCELLANEOUS

Has any company refused or cancelled any similar insurance applied for or in force during the past five years? Yes No

MISCELLANEOUS (continued)

Present insurance company? _____

Present agent? _____

Current premium? _____

Direct bill payment plan desired? Full pay 4-pay 10 pay EFT (if selected, please attach EFT form)

CONSUMER PROTECTION INFORMATION - We may, as a part of our underwriting procedure for processing applications for insurance, or in updating or renewing it, order an investigative report whereby information as to your driving record, character, general reputation, personal characteristics, and mode of living, whichever is applicable, is obtained from persons other than you. If such a report is ordered, further information on the nature and scope of the investigation is available to you upon written request.

FRAUD WARNING (Required by Law in Certain States): ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

DISCLOSURE OF MATERIAL FACTS - Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the term should be, or what premiums to charge. Failure to do so may render the insurance voidable from inception and enable the company to repudiate liability.

APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. 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: _____

*** Signed application required within three business days of binding and should be emailed to mhamblen@isr-insurance.com**