



ACE USA

# Commercial Hull Application

Application for Insurance

Assured: \_\_\_\_\_ Owner: \_\_\_\_\_

Charterer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Name of Vessel: (If more than one, attach separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Operations:

\_\_\_\_\_

Loss Payable: \_\_\_\_\_ Home Port: \_\_\_\_\_

**HULL**

Year Built: \_\_\_\_\_ Length: \_\_\_\_\_ Mfg.: \_\_\_\_\_

Model: \_\_\_\_\_ Hull Material: \_\_\_\_\_ # of Decks: \_\_\_\_\_

If design USCG – or Classification Society Approved (Y/N) \_\_\_\_\_

**MACHINERY**

Mfr.: \_\_\_\_\_ Year Built \_\_\_\_\_ Horsepower: \_\_\_\_\_

# of Engines: \_\_\_\_\_ Gas: \_\_\_\_\_ Diesel: \_\_\_\_\_

**CREW**

Captain's Name: \_\_\_\_\_

Captain's License #: \_\_\_\_\_ # of Crew: \_\_\_\_\_

Captain's Experience: \_\_\_\_\_

**PASSENGERS**

Is vessel licensed by Coast Guard to carry passengers? (Y/N) \_\_\_\_\_

Date of License: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of last Coast Guard inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Navigation limits allowed by license:

Maximum number of passengers permitted by license: \_\_\_\_\_ Average # carried \_\_\_\_\_

Total estimated passengers carried annually: \_\_\_\_\_

Duration of trips: \_\_\_\_\_ / \_\_\_\_\_

Any overnight trips? (Y/N) \_\_\_\_\_ If yes, how often? \_\_\_\_\_ Food prepared on board? (Y/N) \_\_\_\_\_

**GENERAL INFORMATION**

Date vessel was purchased \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Market Value: \$ \_\_\_\_\_ Insured Value: \$ \_\_\_\_\_

Replacement cost: \$ \_\_\_\_\_ P&I Limit: \_\_\_\_\_

Medical Payments Limit: \_\_\_\_\_ Navigation season: \_\_\_\_\_

Lay up Ashore? (Y/N) \_\_\_\_\_ Where? \_\_\_\_\_

Management: (describe your experience and time in business)

Does this placing include all vessels operated by the prospective Assured? If not, explain:

**INSPECTION:**

Where and when can vessel be inspected? \_\_\_\_\_

Name and telephone # of contact: \_\_\_\_\_

**LOSS INFORMATION – LAST 5 YEARS**

Date:	Nature of Loss:	Amount Reserved/Paid:	Closed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Present Insurer: \_\_\_\_\_

Name of Former Insurer: \_\_\_\_\_

Has insurance on any vessel been declined? (Y/N) \_\_\_\_\_ If yes, please explain:

**REMARKS / ADDITIONAL INFORMATION**

I understand that the above information and loss exhibits attached, which are correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance, nor the Company to accept the risk.

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

Title: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Insurance Agency: \_\_\_\_\_