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LONDON MARKET PROTECTION AND INDEMNITY INSURANCE APPLICATION FORM

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Section I – Producing Agent / Broker:

Name of Agent:

Is this a new account to the Agent? Yes / No

If no, how many years has account been held? \_\_\_\_\_ Years.

Section II – Applicant:

Applicant's name and address:

Name of principal(s) and/or owner(s):

Period Applicant has operated vessels? \_\_\_\_\_ Years.

Has the Applicant and/or its affiliated companies been involved in bankruptcy proceedings? Yes / No

If yes, please specify details on separate sheet.

What is the nature of the Applicant's operations?

Specify navigational limits required:

Limit of coverage required: \$

Period of coverage required: \_\_\_\_\_ months.

If a tank barge operator, please attach details of O.P.A. compliance plan.

Section III – Current Policies:

Has the applicant and/or affiliated companies been denied coverage or been subject to cancellation by Underwriters?

If yes, please provide details:

Is a Personal Accident Policy / Health Care Plan in force? Yes / No

Is a Maritime Employer's Liability policy in force? Yes / No

Is a Comprehensive General Liability policy in force? Yes / No

If yes, is the 'watercraft exclusion' deleted? Yes / No

is 'contractual cover' included? Yes / No

Name of current P&I Insurer:

Number of years insured by current Insurer: \_\_\_\_\_ Years.

Date of P&I policy expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Section IV – Losses Prevention:

Have the Applicant's operations been subject to an independent safety audit? Yes / No

If yes, please give details of audit and recommendations, including whose advisory services were sued and date when implementation took place (please use separate sheet).

Section V – Crew / Employees / Others:

Total number of crew: \_\_\_\_\_ Max. Number of crew working A.O.T.:

Please specify crew names and their appointed crewing positions, stating details of any Licenses held by those persons navigating Applicants vessels (please use separate sheet if necessary).

Do the crew work on a 'time shift' basis? Yes/No

If yes, please specify: A) period of time for each 'shift':  
B) number of 'shifts' in any one 24 hour day:  
C) number of crew assigned to each 'shift':

Do the crew from on 'shift' remain on board after being relieved by the next 'shift'? Yes / No

Are the crew issued with 'The Deck Hand Manual'? Yes / No

Please give details of any pre-employment program carried out by the Applicant for any new crew:

Number of employees on board other than crew specified herein:

Describe the circumstances under which these other employees are on board Applicant's vessels:

Are there any 'third party' personnel quartered on or working from the scheduled vessels? Yes / No

Describe the circumstances under which these 'third party' personnel are on board Applicant's vessels:

Are such 'third party' personnel quartered on or working from the scheduled vessels under a contract? Yes / No

If yes, please give details of work carried out by them and the insurance requirements of your contract (which if written please provide copy of said contract).

Section VI – Vessel Details:

Vessel name: GRT: Year Built:  
Type of vessel: Construction material:  
Dimensions: Does vessel carry cargo? Yes / No  
In which Classification Society is vessel entered?  
Date acquired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of last engine overhaul: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Insured value: \$ Hull policy form:  
Number of crew: Number of other employees:  
Is this vessel used to carry passengers: Yes / No  
If yes, specify U.S. Coast Guard passenger capacity limitation:  
Are passengers issued with a Standard Passenger Ticket? Yes / No  
If yes, please give details:

N.B. This vessel detail schedule should be copied and completed for each vessel owned an/or operated by the Applicant. Any additional vessels that may be attached during the year should be submitted in a similar format.

Section VII – Loss Information:

Please list all reported incidents for the previous FIVE years. The list must include ALL previously Closed Claims, including those Closed without payment, ALL incidents whether an ‘estimate of loss’ has been set or not and ALL other Claims where an estimate has been set and/or payments made (N.B. all figures should contain Legal Fees and Expenses).

The above information must be reported for ALL vessels operated by the Assured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule and displayed in the format set out below.

YEAR: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Insurer:

Number of vessels operated in this year: \_\_\_\_\_ Vessels.

Number of crew applicable to this year: \_\_\_\_\_ Crew.

<u>CLAIMANTS NAME</u>	<u>D.O.L.</u>	<u>VESSEL</u>	<u>PAID AMNT (\$)</u>	<u>RESERVED AMNT (\$)</u>	<u>OPEN/CLOSED</u>	<u>DETAILS OF LOSS</u>
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Section VIII – General:

Cargo:

Does the Applicant require Ship Owner's Liability to Cargo?                      Yes / No

If yes, A) Specify types of cargo carried:

                    B) Specify maximum values per shipment:

                    C) Specify limit of liability required:

Please give details of Standard Contract of Carriage:

Contractual:

Please give details of all contractual obligations the Applicant might incur as they relate to this requested insurance:

Please attach company brochure, if any.

I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or omission shall constitute ground for immediate cancellation of coverage and denial of claims, if any.

It is further understood that this application shall be attached to and form part of the policy should one be issued.

Signed

Applicant \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_