



Name of Owner(s): _____

Address: _____

Description of Operations: _____

HULL:

Name of Vessel: _____

Type of Vessel: _____ Hull Material: _____

Length Overall: _____ GRT: _____ Year Built: _____ Year Re-Built: _____

Manufacturer/Builder: _____

Date of Purchase: _____ Purchase Price: _____

Current Market Value: _____ Replacement Value: _____

ENGINES:

Number of Engines: _____ Manufacturer: _____

Year Built: _____ Year Rebuilt: _____ H.P.: _____ Gas Diesel

Date of Last Overhaul: _____ Done By: _____ No. of Hours: _____

When the vessel was last surveyed? _____ By Whom? _____

Please attach a copy of this survey.

Where is the vessel moored? _____

Area of Operation: _____

EXPERIENCE:

NAME OF OPERATORS	Birth Date	Years as Owner/Skipper	Years as Crew	Type of Masters License held

Describe previous vessels operated: _____



LOSS EXPERIENCE:

Have you or any operator listed had any losses or accidents involving vessels? Yes No

If yes, please complete the following:

	Date of Loss	Cause	Amount
1.			
2.			
3.			
4.			

PROTECTION & INDEMNITY:

Limit of Liability required: \$ _____

INSURANCE REQUIRED from: _____ to: _____

LOSS PAYEE: _____

Address: _____

PREVIOUS INSURERS: _____

Have you ever had your insurance cancelled by insurers? Yes No If so, please provide details: _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

AGENT/BROKER: _____

SIGNATURE OF OWNER: _____ DATE: _____