



## *Agent Information*

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



## Vessel Pollution Application

(Please Check One)

New       Addition       Renewal

NAME OF APPLICANT	NAME OF BROKER
ADDRESS - NUMBER AND STREET	ADDRESS - NUMBER AND STREET
CITY STATE ZIP	CITY STATE ZIP
CONTACT NUMBER EMAIL	CONTACT NUMBER EMAIL
ADDITIONAL NAMED ASSURED(S) / INTEREST:	REQUESTED EFFECTIVE AND EXPIRATION DATE OF INSURANCE:
LOCATION(S)/ADDRESS: [SHIPYARD / MARINA / FLEETERS]	REQUESTED LIMIT OF INSURANCE:

BRIEFLY DESCRIBE APPLICANT'S OPERATIONS, EXPERIENCE, LENGTH OF TIME ENGAGED THEREIN.

LIST ANY PREVIOUSLY OWNED OR AFFILIATED MARITIME COMPANIES THE APPLICANT HAS OR HAS HAD INTERESTS IN.

HAS APPLICANT AND/OR ANY OF ITS AFFILIATED COMPANIES, PRINCIPAL AND/OR OWNER, BEEN THE SUBJECT OF BANKRUPTCY PROCEEDINGS?

Yes     No

IF YES, PLEASE DESCRIBE

**Risk Questions:**

Does Applicant maintain Hull, Protection & Indemnity Insurance?

- Yes
- No

If yes, does insurance cover Wreck Removal?

- Yes
- No

Sue & Labor/Salvage?

- Yes
- No

Please provide Hull Carrier / P&I Carrier and P&I Limit.

Is there any navigation or trading warranty to coverage?

- Yes
- No

Does Applicant currently purchase Vessel Pollution Insurance?  Yes  No

If yes, who is the Carrier? \_\_\_\_\_

Current limit and premium: \_\_\_\_\_

Does Applicant own and/or Tow Tank Barges?

- Yes
- No

If yes, specify cargo, describe exposure, including capacity of the towed barges/vessels

Does Applicant transport any Oil and or Hazardous Substances?

- Yes
- No

If yes, specify cargo, describe exposure:

Does Applicant transship or lighter oil to other vessels/facilities?

- Yes
- No

If yes, please describe

Does Applicant provide any salvage services?

- Yes
- No

✓ Please state any additional Special Coverage and/or Endorsement requirements?

- Specific Name & Waive
- Blanket Name and Waive
- California Endorsement
- Alaska Endorsement
- MODU Endorsement

Does Applicant contract to do spill clean-up work?

- Yes
- No

Does Applicant provide tankerman services as a part of its crew's duties?

- Yes
- No

Please complete Schedule of Vessels owned and/or operated by the Applicant, fill in Non Tank Vessel and Tank Vessel Schedules upload in Excel format. [\(click to upload\)](#)

**VESSEL NAME:**

**VESSEL TYPE:**

**HULL ID:**

<b><u>VESSEL NAME:</u></b>	<b><u>VESSEL TYPE:</u></b>	<b><u>HULL ID:</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all reported incidents for the previous five years. The list must include all currently open claims, showing payments and reserves, if any, and closed claims on which any payment was made. All figures should include legal fees and/or expenses. The above information must be reported for all vessels operated by Applicant and/or affiliated companies for the previous five years, whether or not the vessels appear on the schedule of vessels for which insurance is being requested, and should be uploaded in Excel format. [\(click to upload\)](#)

- o The applicant warrants that the information provided above is complete and accurate. Applicant understands that Underwriters shall rely upon the information and representations provided above in determining the acceptability, rates and conditions of coverage.
- o It is understood that any misrepresentation or omission shall constitute grounds for immediate avoidance of or cancellation of coverage and denial of claims, if any.
- o Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

**Additional Comments:**