

Seacoast Program Administrators

PRODUCER INFORMATION

Date of Application: _____

Agency Name: _____

Agency Contact Name: _____

Agency Contact Email: _____ Phone#: _____

Is Applicant a Current Insured of Your Agency: Yes No If Yes, for how long: _____

Is Account: Direct Client or Sub-Produced

INSURED INFORMATION

Named Insured(s): _____

Named Insured is: Individual Partnership DBA Corporation

Owner(s) Name(s) & Date(s) of Birth: _____

Contact Name: _____ Mailing Address: _____

Phone: Business #: _____

Cell #: _____ Email Address: _____

Fax #: _____ Website: _____

Mortgage Holder(s): Not Applicable

1) Name: _____ Loan Balance: _____ Loss Payee: Yes No

Address: _____

2) Name: _____ Loan Balance: _____ Loss Payee: Yes No

Address: _____

OWNER EXPERIENCE

Certificates/Qualifications/Licenses Held: _____

Number of Years in the Subject Commercial Marine Industry: _____

Number of Years as Commercial Marine Business Owner: _____ # of Years in Business at Current Location: _____

Has Insurance on vessel ever been Denied or Cancelled: Yes No

If Yes, please explain: _____

Details of Commercial Vessels Owned and/or Skipped in the Last 10 Years:

Vessel Name/Make	Size	Type of Use i.e. workboat, etc	Area of Navigation	Position: Owner, Skipper, or Both	# of Years

LOSSES IN PAST 5 YEARS (On Any Owned or Operated Vessels): Yes No If yes, please describe:

Date of Loss	Description of Loss	Status of Loss	Paid to Date	Reserve Set by Carrier	Insurance Carrier

EXTENDED LOSS HISTORY Have you, at any time in the last 10 years, been involved in any major Hull & Machinery or Protection & Indemnity losses; whether insured or not? Yes No If Yes, please provide brief details including date of loss, type of loss and vessel(s) involved: _____

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CAPTAIN/OPERATOR INFORMATION – Below information required for ALL operators.

- 1) Name: _____ DOB: _____ Owner: Yes No
Licensed: Yes No # Years Licensed: _____ # Years Captaining Charters: _____ # Years With Owner: _____
Losses in the past 5 years? Yes No If yes, describe: _____
- 2) Name: _____ DOB: _____ Owner: Yes No
Licensed: Yes No # Years Licensed: _____ # Years Captaining Charters: _____ # Years With Owner: _____
Losses in the past 5 years? Yes No If yes, describe: _____

CURRENT OPERATION DETAILS

Usage: Research Workboat Other: _____
Description of Operations:
Primary: _____ % of Usage: _____
Secondary: _____ % of Usage: _____
Other: _____ % of Usage: _____
Number of Passengers: _____ NA Passenger Exposures/Activities Engaged In: _____
Total Maximum # of Days at Sea per Policy Period: _____
Homeport City: _____ State: _____ Zip: _____ Docked or Moored: _____
Lay-Up Dates & Location: _____ Vessel Afloat: Yes No
Navigation Range (from and to): _____
Miles Offshore: Lakes, Bays & Sounds 25 miles or less 50 miles or less 100 miles or less Greater than 100
If Greater than 100 miles offshore, please describe: _____
Overnight Trips: Yes No If Yes, please describe, include duration: _____
Pleasure Use By Owner(s): Yes No Pleasure Use During Lay Up?: Yes No

VESSEL DETAILS

Name: _____ Official #: _____ HIN #: _____ State Reg #: _____
Date of Purchase: _____ Purchase Price: _____ Cost of Improvements/Upgrades: _____
Survey Date: _____ Surveyor: _____ NAMS/SAMS Accredited: Yes No
All Survey Recommendations Completed: Yes No
Make: _____ Model: _____ Where Built: _____
Build Year: _____ Length: _____ Gross Tons: _____ Hull/Construction Material: _____
Was Vessel Designed for Specified/Intended Use: Yes No
If No, Please Describe All Modifications: _____
Engines: Diesel Gasoline / Inboard Outboard Inboard/Outboard # of Engines: _____
1) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
2) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
3) Year: _____ Make: _____ Model: _____ HP: _____ Hours: _____
Vessel Maximum Speed: _____ Knots MPH
Is Vessel Equipped with:
High Water Level Alarms: Yes No Engine Alarms: Yes No EPIRB: Yes No
Fixed Fire Extinguishing System: Yes No Fume Detectors: Yes No Anti-Theft/Alarm: Yes No
Electronics: List all electronics, navigation, communication, and special equipment: _____

Trailer Build Year: _____ Length: _____ Make/Model: _____ Serial/ID #: _____

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INSURANCE COVERAGES REQUESTED

Desired Effective Date: _____

Hull & Machinery Limit: _____ Deductible: _____

Breach of Warranty Limit: _____ (BOW Coverage is available in favor of Financial Institutions Only)

Trailer Limit: _____ Deductible: _____

P&I (Liability) Limit: _____ Deductibles: _____ Bodily Injury _____ Property Damage

Crew coverage*: NA Accepted Declined ***Do Not Include Any Crew Who Have Ownership in Vessel**

Full Time: _____ Part Time: _____

Optional Coverages:**

Other: _____ Limit: _____ Deductible: _____

Other: _____ Limit: _____ Deductible: _____

Additional Insureds (Required for ALL Additional Insureds to be listed):

1) Name: _____

Address: _____

Relationship to Vessel and/or Operation: _____

2) Name: _____

Address: _____

Relationship to Vessel and/or Operation: _____

3) Name: _____

Address: _____

Relationship to Vessel and/or Operation: _____

POLLUTION LIABILITY OPTIONS:

A) Liability Coverage Provided by Water Quality Insurance Syndicate:

\$100,000 Limits (US Basic Clean Up Only, Civil Fines & Penalties Excluded)

\$300,000 Limits (US Basic Clean Up Only, Civil Fines & Penalties Excluded)

\$1,000,000 Limits (Worldwide Broadened Coverage, Civil Fines & Penalties Included)

B) Coverage Declined. I DO NOT Wish to Provide any Pollution for my Vessel. I understand the AIMU Pollution Clause 08/01/73 will apply and Wreck Removal Coverage provided under the Primary Hull and P&I Policy will be deleted.

By signing and dating this Application **I CONFIRM THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.**

Signature of Applicant

Printed Name

Title

Date

Please Attach Copies: Current Survey, Captain's License(s)

FOR THE PURPOSES OF QUOTING: Requesting limits/coverages within this application is not a guarantee of quotation; please refer to the quote for the offer of coverage.

FOR THE PURPOSES OF BINDING: Any discrepancies from the original submission or additions since binding must be requested separately for Underwriters' review

The application must be completed in its entirety or the application will be rejected.