

Name of Insured: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 How long has applicant been in business? \_\_\_\_\_  
 Effective date desired? \_\_\_\_\_

**Section 1: OPERATIONAL INFORMATION**

1. Describe nature of operation:  
 \_\_\_\_\_  
 \_\_\_\_\_
2. If the following jobs are performed, please break down your activity by percent (must equal 100%):  

Coast-wise Marine Towing _____	Barge Shifting/Marine Contracting _____
Quick-assist Towing _____	Harbor Assist _____
Launch/Passenger Transportation _____	Diving – Quick-Assist only to 30' _____
Diving – Underwater Construction _____	Diving – of any type deeper than 5 fathoms _____

 Other (please specify):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 2: HULL AND MACHINERY**

Schedule of vessels

LAY-UP PERIOD	YEAR BUILT	BUILDER	HULL IDENTIFICATION #	HULL VALUE	LENGTH

3. Vessel/s port location: \_\_\_\_\_
4. Vessel lay-up information: (indicate vessel lay-up period on schedule above)
  - a) Lay-up location: \_\_\_\_\_
  - b) Ashore or afloat? \_\_\_\_\_

Note: Recent surveys are required for vessels more than 10 years old and \$20,000 in value.

5. Describe the maintenance program, such as frequency of haul-outs and major refits:

\_\_\_\_\_

6. Navigation limits of 100 miles from homeport are provided. Are other navigation limits requested? \_\_\_\_\_  
If other limits are required, please describe the territory, nature of work and frequency the extended waters would be needed:

\_\_\_\_\_

**Section 3: PROTECTION AND INDEMNITY**

7. P&I limit requested:  \$500,000  \$1,000,000

8. Number of crew to be covered: \_\_\_\_\_

9. Six passenger liability?  Yes  No

10. Salvors Liability is available for work on vessels up to 100' LOA. Is this coverage is requested?  Yes  No

10.a.) Are vessels greater than 100' LOA towed? If so please advise max LOA: \_\_\_\_\_

11. Sudden and accidental pollution is available on a 72 hour/30 day basis. Is this coverage requested?  Yes  No

12. Is there a formal drug testing program in place for crew members?  Yes  No

**Section 4: LOSS HISTORY**

Five-year premium & loss record (do not leave blank, if no losses then state so):

YEAR	PAID LOSSES	OUTSTANDING LOSSES	TOTAL INCURRED LOSSES	DESCRIPTION OF LOSSES

Details of major losses, unusual losses, recoveries:

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

**Section 5: ADDITIONAL INFORMATION/OPTIONAL COVERAGE**

13. Has any insurance carrier cancelled or denied coverage in the past 3 years?  Yes  No

If yes, why? \_\_\_\_\_

14. List details of current insurance showing:

Carrier \_\_\_\_\_ Values \_\_\_\_\_

Rates \_\_\_\_\_ Effective Dates \_\_\_\_\_

15. Are you ACAPT certified?  Yes  No Has the assured taken the CPORT risk management course?  Yes  No

16. Tools & equipment coverage is available up to a maximum limit of \$50,000. Is this coverage requested?  Yes  No

If yes, what is the limit requested: \_\_\_\_\_

Please list all equipment over \$1,000. Note: all items valued \$1,000 and greater must be scheduled.

ITEM	SERIAL NUMBER	QUANTITY	COST PER ITEM	TOTAL VALUE

17. Any additional assureds desired?  Yes  No

If yes, please list name and mailing address:

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### LOSS PREVENTION

1. Have the applicant's operations been subject to an independent safety audit?  Yes  No

If yes, please give details of audit and recommendations *on a separate sheet* including whose advisory services were employed and when implementation took place.

2. Are there currently safety / loss prevention programs in place?  Yes  No

If yes, please give details of these programs *on a separate sheet*.

### CREW AND EMPLOYEES

1. What is the total number of crew employed by the applicant? \_\_\_\_\_

2. What is the total payroll for the last twelve month period for:

Jones Act \_\_\_\_\_

USL&H \_\_\_\_\_

3. Does the crew work on a time/shift basis?  Yes  No

If yes, please specify:

Period of time for each shift: \_\_\_\_\_

Number of shifts in one 24 hour day: \_\_\_\_\_

Number of crew assigned to each shift: \_\_\_\_\_

4. Does the crew from one shift remain on board after being relieved by the next shift?  Yes  No

5. Please give details of pre-employment screening programs carried out by the applicant prior to the hiring of any new crew, attaching additional sheets if needed. Please be specific on extent of drug screening and physical examinations.

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6. Are the above carried out for all newly appointed employees?  Yes  No

7. What sources do you rely on for recruitment of new crew members (i.e. Crewing agencies, labor pools, unions, classified advertising, etc.)?

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8. Do any employees, other than crew, have responsibilities that require them to work aboard the applicant's vessels?

Yes  No If yes, please provide details:

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9. Are there any third-party personnel quartered on or working from the scheduled vessels?  Yes  No

If yes, please provide the circumstances under which these third-party personnel are on board applicant's vessel.

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10. Are third-party personnel working under a contract?  Yes  No If yes, please give details of their responsibilities as well as the insurance requirements of your contract.

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Disclaimer: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a Fraudulent insurance act, which is a crime and will void coverage hereunder.

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

Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_