

COMMERCIAL VESSEL APPLICATION

GENERAL INFORMATION

| | |
|-------------------------|-----------------------|
| 1. Name of Applicant: | |
| 2. Owners: | |
| 3. Occupation(s): | |
| 4. Business Address: | Street City State Zip |
| 5. Telephone No.: | |
| 6. Mortgagee: | |
| 7. Mortgagee's Address: | |

HULL COVERAGE

| | Name of Vessel | Year Built | Gross Ton. | Material of Hull | Type of Propulsion & H.P. | Type of Vessel | Length & Beam | Date of Last Drydocking | Desired Amount of Insurance |
|----|----------------|------------|------------|------------------|---------------------------|----------------|---------------|-------------------------|-----------------------------|
| 8. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

PROTECTION & INDEMNITY COVERAGE

| | Name of Vessel | Type of Cargo Carried | No. Crew (excl. Owner) | Max. No. of Passengers Cert. by U.S.C.G. | Liability of Vessels & Cargo in tow desired | Desired Amount of Insurance |
|----|----------------|-----------------------|------------------------|--|---|-----------------------------|
| 9. | | | | | | |
| | | | | | | |
| | | | | | | |

GENERAL DESCRIPTION OF OPERATION

| | |
|---|---|
| 10. Type of work employed in: | |
| 11. Experience of Employee's and Licenses: | |
| 12. Towboats only: Type and number of vessels in tow and copy of towage contract. | |
| 13. Non-propelled Vessels: Give details of tower and copy of towage contract. | |
| 14. Are Towers released? | Yes <input type="checkbox"/> No <input type="checkbox"/> By whom? |
| 15. Navigation Limits required: | |



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GENERAL DESCRIPTION OF OPERATION CONT'D

| | | |
|---------------------------------------|-----------|--------|
| 16. Is watchman service provided? | Yes | No |
| 17. Where can vessel(s) be inspected? | | |
| 18. Is Vessel(s) ever Laid-Up? | Location: | Dates: |

FIVE YEARS LOSS RECORD

All vessels owned or operated by the Insured including vessels sold or lost

| Vessel Involved | Date of Loss | Location of Accident | Details of Accident | Gross Amt. of Loss before any deductible | Current Status Paid or Outstanding |
|-----------------|--------------|----------------------|---------------------|--|------------------------------------|
| 19. | | | | | |
| | | | | | |
| | | | | | |

SPECIAL INFORMATION

| | | | | |
|--|-------------|-------------|---------|--------|
| 20. Does this placing include all vessels operated by the insured or affiliated or subsidiary companies? If not, explain | Yes No | | | |
| 21. Present Insuring Company | Name | Deductible | Premium | Limits |
| | | | | |
| 22. Provide copies of current policies if available? | | | | |
| 23. Has any company ever cancelled insurance for this owner? If "Yes" with what company and on what terms? | | Yes No | | |

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree

Signature: _____

Title: _____

Print Name: _____

Date: _____



LIG Marine Managers

600 1st Ave N Suite 200, St. Petersburg, FL 33701

(727) 578-2800

SUBMIT@LIGMarine.com

www.LIGMarine.com