

# 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 <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			

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

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