

# PROTECTION & INDEMNITY APPLICATION

## PRODUCING AGENT / BROKER

|  |  |
|--|--|
| 1. Name of Agent:                          |  |
| 2. Is this a new account to the agent?     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. How many years has account been held?   | Years:   |
| 4. Is retail agent licensed in this state? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## APPLICANT

|  |   |
|--|---|
| 5. Insured:  |   |
| 6. Mailing Address:  |   |
| 7. Name of principal(s) and/or owners?   |   |
| 8. Period insured has operated vessels?  |   |
| 9. Please list all previously owned and/or associated and/or affiliated maritime related companies that applicant has been involved in:  |   |
| 10. Has insured and/or its affiliated companies been involved in bankruptcy proceedings?   | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify on a separate sheet. |
| 11. What is the nature of the insured's operations?  |   |
| 12. Please provide full details of the nature and extent of the applicant's operation, including those of any subsidiary and/or affiliated companies which applicant is currently associated with: |   |
| 13. Specify navigational limits required:  |   |
| 14. Limit of coverage required?  | \$  |
| 15. Period of coverage required?   | Months:   |
| 16. If a tank barge operator, please attach details of O.P.A. compliance plan  | Attached <input type="checkbox"/> Not applicable <input type="checkbox"/>                     |

## CURRENT POLICIES

|   |  |
|---|--|
| 17. Has insured and/or affiliated companies been denied coverage or been subject to cancellation by underwriters? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide reasons: |
| 18. Is a personal accident policy/health care plan in force?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| 19. Is a Maritime Employers Liability policy in force?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| 20. Is a comprehensive general liability policy in force?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| 21. Is the "watercraft exclusion" deleted?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |



# PROTECTION & INDEMNITY APPLICATION

## CURRENT POLICIES CONT'D

|   |  |
|---|--|
| 22. Is "contractual cover" included?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 23. Name of current Protection & Indemnity Insurer?   |  |
| 24. Number of years insured by current insurer?       |  |
| 25. Date of Protection & Indemnity policy expiration? |  |

## LOSS PREVENTION

|   |  |
|---|--|
| 26. Have the insured's operations been subject to an independent audit?           | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details of audit and recommendations on a separate sheet. |
| 27. Whose advisory services were employed and when did implementation take place? | Yes <input type="checkbox"/> No <input type="checkbox"/>   |

## CREW / EMPLOYEES / OTHERS

|   |  |
|---|--|
| 28. Total number of employees employed by applicant, including crew:  |  |
| 29. Total gross receipts for last 12-month period:  | \$   |
| 30. Total gross payroll for last 12-month period:   | \$   |
| 31. Total gross "Jones Act" payroll for last 12-month period:   | \$   |
| 32. Total number of crew:   |  |
| 33. Maximum number of crew working on vessels at any one time:  |  |
| 34. Does the crew work on a "time shift" basis? If yes, please specify:<br>A) Period of time for each "shift":<br>B) Number of "shifts" in any one 24-hour day:<br>C) Number of crew assigned to each "shift" | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Hours:<br>Shifts:<br>Crew: |
| 35. Does the crew from one "shift" remain on board after being relieved by the next "shift"?  | Yes <input type="checkbox"/> No <input type="checkbox"/>                               |
| 36. Is the crew issued "Deck Hand" manuals?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                               |

Please specify crew names and their appointed crewing positions and the period of time for which they have been employed by the applicant, stating details of any licenses held by those persons navigating applicant's vessels.

37. (Use separate sheet if necessary)

| Name | Position | Licenses | Date of Employment |
|------|----------|----------|--------------------|
|      |          |          |                    |
|      |          |          |                    |
|      |          |          |                    |
|      |          |          |                    |
|      |          |          |                    |



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## CREW / EMPLOYEES / OTHERS CONT'D

|   |  |
|---|--|
| Please give details of any pre-employment program carried out by the insured prior to the hiring of any new crew:<br>38.  |  |
| Are the above carried out for all newly appointed employees? If yes, are the records available for scrutiny?<br>39.   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are crew employed through crewing agencies / labor pools?<br>40.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Number of employees on board other than crew specified herein:<br>41.   |  |
| Describe the circumstances under which these other employees are on board applicant's vessels:<br>42.   |  |
| Are there any third-party personnel quartered on or working from the scheduled vessels?<br>43.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Are such third parties quartered on or working from the scheduled vessels under a contract?<br><br>If yes, give details of work carried out by them and the insurance requirements of your contract:<br>44. (Which if written, please provide copy) | Yes <input type="checkbox"/> No <input type="checkbox"/>   |



# PROTECTION & INDEMNITY APPLICATION

| VESSEL DETAILS  |  |
|---|--|
| 45. Vessel Name:  |  |
| 46. GRT:  |  |
| 47. Year Built:   |  |
| 48. Type of Vessel:   |  |
| 49. Construction Material:  |  |
| 50. Dimensions:   |  |
| 51. Does vessel carry cargo?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 52. In which Classification Society is the vessel entered?  |  |
| 53. Is the vessel owned by the applicant?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 54. Date vessel purchased:  |  |
| 55. Is the vessel under charter or similar contract? If yes, please give details:                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 56. Please specify ownership details:   |  |
| 57. Date of last engine overhaul:   |  |
| 58. Insured Value:  | \$   |
| 59. Hull policy form:   |  |
| 60. Number of Crew:   |  |
| 61. Number of other employees:  |  |
| 62. Is the vessel licensed to carry passengers? If yes, specify U.S. Coast Guard passenger capacity limitation: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 63. Are passengers issued with a standard passenger ticket? If yes, please give details:                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |

N.B.: This vessel detail schedule should be copied and completed for each vessel owned and/or operated by the insured. Any additional vessels that may be attached during the year should be submitted in a similar format.



## LIG Marine Managers

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# PROTECTION & INDEMNITY APPLICATION

## LOSS INFORMATION

Please list all reported incidents for the previous five years. The list must include all previously closed claims, including those closed without payment, all incidents whether an "estimate of loss" has been set or not, and all other claims where estimates have been set and/or payments made. (N.B.: All figures should contain legal fees and/or expenses)

The above information must be reported for all vessels operated by the insured and/or affiliated companies for the previous five (5) years, whether or not the vessels appear on the attached schedule, and displayed in the format set out below.

|  |          |  |  |  |  |  |
|--|----------|--|--|--|--|--|
| 64. Year:                                    | to year: |  |  |  |  |  |
| 65. Name of Insurer:                         |          |  |  |  |  |  |
| 66. Number of vessels operated in this year: |          |  |  |  |  |  |
| 67. Number of crew applicable to this year:  |          |  |  |  |  |  |
| 68. Utilization rates:                       |          |  |  |  |  |  |
| 69. Vessel                                   |          |  |  |  |  |  |
| 70. Claimant's Name                          |          |  |  |  |  |  |
| 71. Date of Loss                             |          |  |  |  |  |  |
| 72. Deductible                               |          |  |  |  |  |  |
| 73. Net Paid Amount                          |          |  |  |  |  |  |
| 74. Reserve Amount                           |          |  |  |  |  |  |
| 75. Open / Closed                            |          |  |  |  |  |  |
| 76. Reserve / Review Date                    |          |  |  |  |  |  |
| 77. Details of Loss                          |          |  |  |  |  |  |



# PROTECTION & INDEMNITY APPLICATION

## GENERAL

### Cargo

|  |  |
|--|--|
| Does the insured require Ship Owner's Liability to cargo?<br>If yes, please specify: | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Types of cargo carried:<br>Maximum values per shipment:<br>Limit of liability required: \$ |
| Please give details of Standard Contract of Carriage:                                |  |

### Contractual

|  |  |
|--|--|
| Please give details of all contractual obligations the insured might incur as they relate to this requested insurance: |  |
|--|--|

ATTACH COMPANY BROCHURES, IF ANY

I/we hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief. It is my/our understanding that underwriters shall rely upon the information and representations listed above in determining the acceptability, rates and conditions of coverage.

It is understood that any misrepresentation or omission shall constitute ground for immediate cancellation of coverage and denial of claims, if any.

It is further noted and understood that the applicant is under a continuing obligation immediately to notify his underwriters of any material alternation to the nature, extent or size of this operation as described herein.

It is further understood that this application shall be attached to and form part of the policy should one be issued.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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



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