

COMMERCIAL VESSEL SUPPLEMENT

GENERAL INFORMATION

1. Name insured:	
2. Owners:	
3. Occupation(s):	
4. Telephone No.:	
5. Mortgagee:	
6. 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
7.								

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
8.					



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GENERAL DESCRIPTION OF OPERATION

9. Experience of Employee's and Licenses:	
10. Towboats only: Type and number of vessels in tow and copy of towage contract.	
11. Non-propelled Vessels: Give details of tower and copy of towage contract.	
12. Are Towers released?	Yes <input type="checkbox"/> No <input type="checkbox"/> By whom?
13. Navigation Limits required:	
14. Is watchman service provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Where can vessel(s) be inspected?	
16. Is Vessel(s) ever Laid-Up?	Location: _____ Dates: _____
17. Does this placing include all vessels operated by the insured or affiliated or subsidiary companies? <i>(If not, explain)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Provide copies of current policies if available?	

I/we hereby declare that the above information is true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if 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: _____



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