

Application for Protection and Indemnity Insurance

Atlantic Marine Underwriters Inc.

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Section I – Producing Agent/Broker:

Name of Agent:

Is this a new account to the Agent? Yes/No If No, how many years has account been held? Years.

Section II – Applicant:

Applicant’s Name and Address:

Name of principal(s) and/or owner(s):

Period Applicant has operated vessels? Years.

Has the applicant and/or its affiliated companies been involved in bankruptcy proceedings? Yes/No

If Yes, please specify details on separate sheet.

What is the nature of the Applicant’s operations?

Specify Navigational Limits required:

Limit of Insurance Coverage required: Period of coverage required:

Does the applicant require Additional Three-fourths Collision Risk? Yes/No

If the applicant is a tank barge operator, please attach details of O. P. A. compliance plan.

Section III – Current Policies:

Has the applicant and/or affiliated companies been denied coverage or been subject to cancellation by Underwriters? Yes/No

If Yes, please provide details: _____

Is a Personal Accident Policy/Health Care Plan in force? Yes/No Is a Maritime Employer’s Liability policy in force? Yes/No

Is a Comprehensive General Liability policy in force? Yes/No If Yes, is the ‘watercraft exclusion’ deleted? Yes/No

Is ‘contractual cover’ included? Yes/No Name of Current P & I Insurer: Number of years insured

by current Insurer: Date of P & I policy expiration:

Section IV – Loss Prevention:

Have the Applicant’s operations been subject to an independent safety audit? Yes/No

If Yes, please give details of audit and recommendations, including whose advisory services were used and date when implementation took place (please use separate sheet).

Section V – Crew / Employees / Others:

Total Number of Crew: Max. Number of Crew working at any one time:

Please specify crew names and their appointed crewing positions stating details of any Licenses held by those persons navigating Applicants vessels (please use separate sheet if necessary):

Do the crew work on a ‘time shift’ basis? Yes/No

If Yes, please specify : A) period of time for each ‘shift’
B) number of shifts in any one 24 hour day:
C) number of crew assigned to each ‘shift’:

Do the crew from one ‘shift’ remain on board after being relieved by the next ‘shift’ Yes/No

Are the crew issued with ‘The Deck Hand Manual’? Yes/No

Please give details of any pre-employment program carried out by the Applicant for any new crew:

Number of employees on board other than crew specified herein:

Describe the circumstances under which these other employees are on board Applicant’s vessels:

Are there any ‘third party’ personnel quartered on or working from the scheduled vessels? Yes/No

Describe the circumstances under which these ‘third party’ personnel are on board Applicant’s vessels:

Are such ‘third party’ personnel quartered on or working from the scheduled vessels under contract? Yes/No

If Yes, please give details of work carried out by them and the insurance requirements of your contract (which if written please provide copy of said contract) _____

Section VI – Vessel Details:

Vessel Name: _____ Flag: _____ GRT: _____ Year Built: _____ Type of vessel: _____
Construction material: _____ Dimensions: _____ Does vessel carry Cargo? _____ Yes/No
In which Classification Society is vessel entered? _____ Date of Last Survey: _____
Date acquired: _____ Date of last overhaul: _____
Current Insured value: _____ Hull policy form: _____
Number of crew: _____ Number of other employees: _____ Is this vessel used to carry passengers? _____ Yes/No
If Yes, please specify Department of Transport passenger capacity limitation: _____
Are passengers issued with a Standard Passenger Ticket? _____ Yes/No If Yes, please give details: _____

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

Section VII – 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 and ‘estimate of loss’ has been set or not and ALL other claims where an estimate has been set and/or payments made. (N. B. all figures should contain Legal Fees and Expenses).

The above information must be reported for ALL vessels operated by the Assured and/or Affiliated Companies for the previous FIVE years whether or not the vessels appear on the attached schedule and presented in the format set out below.

YEAR	to	Name of Insurer:
Number of Vessels Operated in this year:		Vessels Names.
Number of Crew applicable to this year:		Crew.

Claimants Name	D. O. L.	Vessel	Paid Amount	Reserved Amount	Open/Closed	Details of Loss
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Section VIII – General:

Does the Applicant require Ship Owner’s Liability to Cargo? _____ Yes/No
If Yes, A) Specify types of cargo carried: _____
B) Specify maximum values per shipment: _____
C) Specify limit of liability required: _____
Please give details of Standard Contract of Carriage: _____

Contractual: _____
Please give details of all contractual obligations the Applicant might incur as they relate to this requested insurance: _____

Please attach company brochure, if any.

I/we hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or omission shall constitute ground for immediate cancellation of coverage and denial of claims, if any. It is further understood that this application shall be attached to and form part of the policy should one be issued.

Signed: _____ Applicant: _____
Title: _____
Date: _____