

HULL INSURANCE APPLICATION

(Please complete for each vessel to be insured)

Name of Applic	cant:						
Address of Applicant:							
Name and Description of Vessel:							
Dimensions of	vessel:						
Where was vessel Built:		Manufacturer:		Date Built:			
Rebuilt:	Material:	Steel:	Fiberg	lass:			
Make of Engin	es:Built: _	F	Rebuilt:	H.P.:			
Type of Service:							
Home Port: Official Number: Waters Navigated:							
ls Vessel Laid Up During Year? YES NO Where?							
Length of Navigation Season:							
Cost New: \$ _	Replac	ement Co	st: \$	Purchase Price:			
Date Purchased:							
Amount of Insurance Desired \$							
Date of last haulout:							
Date of most recent survey (please attach):							
Applicant's Experience and Reputation:							

FIVE YEAR PREMIUM AND LOSS RECORD

YEAR	GROSS PREMIUM	LOSSES PAID **	LOSSES OUTSTANDING
TOTAL			
DESCRIBE SPECIAL FINSURANCE DESIRED: Navigating Port Risk I.V. or excess	:		
Deductible: \$			
LOSS PAYEE:			
Ins	ured's signature	 Date	