

COMMERCIAL VESSEL INSURANCE APPLICATION

Insured: _____

Address of Insured: _____

Effective Date: _____ (12:01 A.M.) Name of Vessel: _____

Indicate Coverage Desired:

COVERAGE	LIMITS OF LIABILITY	AGREED VALUE	PREMIUM
HULL	\$ _____		
PROTECTION & INDEMNITY	\$ _____	Each Occurrence	
SUPPLEMENTAL COVERAGES	<input type="checkbox"/> V&MM <input type="checkbox"/> WAR RISK		
	<input type="checkbox"/> BREACH OF WARRANTY	\$ _____	
	\$ _____	\$ _____	
	<input type="checkbox"/> JONES ACT (Crew Coverage)	\$ _____	
	No. of Crew: _____	\$ _____	
	<input type="checkbox"/> OTHER		
DEDUCTIBLE: HULL: \$ _____ P&I: \$ _____		TOTAL:	

VESSEL:

Builder: _____ Year: _____ Length: _____

Hull Material: _____ Type of Vessel: _____ ID #: _____

Cost To Present Owner: _____ Date Purchased: _____

Loss Payee: _____ Amount of Mortgage: _____

Address: _____ City: _____ State: _____ Zip: _____

ENGINES:

#1 Year Built: _____ HP: _____ Fuel: _____ Manufacturer: _____

#2 Year Built: _____ HP: _____ Fuel: _____ Manufacturer: _____

Either Rebuilt: Yes No If yes, when: _____ Coolant: _____

No. of Hours Each Engine: _____ Turbocharged? Yes No

GENERAL INFORMATION:

Describe _____ Commercial _____ Activity: _____

Navigation _____ Area: _____

Layup Period: From: _____ (12:01 AM) To: _____ (12:01 AM) Is Vessel: Hauled Dockside On Mooring

Any Overnight Trips: Yes No If yes, explain: _____

Principal Place of Mooring: _____

When was Vessel Last Surveyed: _____ By Whom: _____

Have All Surveyor's Recommendations Been Completed: Yes No If no, explain: _____ Valid Coast Guard License: Yes No Experience

Any Marine Claims in the Past 3 Years? Yes No If yes, explain: _____

Has Insurance Ever Been Canceled or Non-Renewed: Yes No If yes, explain: _____

Present Insurance Carrier: _____

EQUIPMENT:

Marine Electronics: Depth Finder SAT Telephone Radar SSB EPIRB

Fire Extinguishers: No. and Type of Extinguishers: _____

Date Weighed & Tagged: _____ Alarm at Helm: Yes No

Automatic CO² System: Yes No Date Last Serviced: _____

Safety Equipment: Life Jackets for All Persons: Yes No Survival Suits: Yes No

Certified Life Raft: Yes No Additional Equipment: _____

Galley: Cooking Stove Fuel: _____ Fire Extinguisher Present: Yes No

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by RPS may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____