AGENCY CUSTOMER ID: _____

ACORD

COMMERCIAL MARINE INSURANCE SUPPLEMENT
HULL & MACHINERY AND PROTECTION & INDEMNITY
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

PRODUCER	CARRIER NAME	NAIC CODE
	POLICY NUMBER	
CONTACT NAME:		
PHONE:		
EMAIL ADDRESS:		
FAX:		

APPLICANT INFORMATION

FIRST NAMED INSURED'S NAME AND ADDRESS	LEGAL ENTITY					
	☐ INDIVIDUAL	☐ JOINT VENTURE	☐ NOT FOR PROFIT			
	☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORP	☐ LLC			
	EMAIL ADDRESS:					
	WEBSITE ADDRESS:					
	FEIN	OWNERSHIP%				
BUSINESS PHONE:	OCCUPATION	TITLE				
MOBILE PHONE:						
FAX:	DATE BUSINESS STARTED:					
INSPECTION CONTACT:	MORTGAGEE NAME:					
NAME:	MORTGAGEE ADDRESS:					
PHONE:						
EMAIL ADDRESS:	CURRENT OUTSTANDING AMOUNT OF MORTGAGE:					

FAX FOR INSPECTION CONTACT:		
IS THE APPLICANT A SUBSIDIARY OF ANOTHER COMPANY? If "YES", provide parent company information.	☐	Y / N
PARENT COMPANY NAME	STREET, CITY, STATE, ZIP	
DOES THE APPLICANT HAVE ANY OWNED, SUBSIDIARY, AFFILIATED, MANAGED OR CONTROLLED COMPANIES? If "YES", provide company information.	☐	Y / N

COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:		
		☐ OWNED	☐ MANAGED	
		☐ SUBSIDIARY	☐ CONTROLLED	
		☐ AFFILIATED		
COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:		
		☐ OWNED	☐ MANAGED	
		☐ SUBSIDIARY	☐ CONTROLLED	
		☐ AFFILIATED		
COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:		
		☐ OWNED	☐ MANAGED	
		☐ SUBSIDIARY	☐ CONTROLLED	
		☐ AFFILIATED		
COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:		
		☐ OWNED	☐ MANAGED	
		☐ SUBSIDIARY	☐ CONTROLLED	
		☐ AFFILIATED		
COMPANY NAME, STREET, CITY, STATE, ZIP	BUSINESS START DATE:	COMPANY IS:		
		☐ OWNED	☐ MANAGED	
		☐ SUBSIDIARY	☐ CONTROLLED	
		☐ AFFILIATED		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		☐ DIRECT ☐ AGENCY				$	$	$

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P & I AND HULL COVERAGE SCHEDULE OF VESSELS

VESSEL #	VESSEL NAME	HULL ID #	DESCRIPTION/TYPE	YEAR BUILT	GROSS TONNAGE	VESSEL LENGTH (in feet)	HULL MATERIAL	PROPULSION /FUEL TYPE	H.P.	LAST SURVEY DATE	# OF CREW	MAX # OF PASS. *	REQUESTED AMOUNT OF HULL INS.	DEDUCTIBLE REQUESTED:		
														HULL DEDUCTIBLE	P&I PROPERTY DAMAGE DEDUCTIBLE	P&I BODILY INJURY DEDUCTIBLE
													$	$	$	$
													$	$	$	$
													$	$	$	$
													$	$	$	$
													$	$	$	$
													$	$	$	$
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													$	$	$	$
													$	$	$	$
													$	$	$	$
													$	$	$	$
													$	$	$	$

*** Certified by USCG**
Note: Number of Crew: Excludes Owner. Indicate the maximum number of Passengers, only if applicable.

P & I LIMIT REQUESTED: ☐ **$250,000** ☐ **$500,000** ☐ **$1,000,000**

AGENCY CUSTOMER ID: _____

LOSS PREVENTION

	Y / N
1. HAVE THE APPLICANT'S OPERATIONS BEEN SUBJECT TO AN INDEPENDENT SAFETY AUDIT? IS YES, PLEASE GIVE DETAILS OF AUDIT AND RECOMMENDATIONS ON A SEPARATE SHEET INCLUDING WHOSE ADVISORY SERVICES WERE EMPLOYED AND WHEN IMPLEMENTATION TOOK PLACE.	
1A. ARE THE OPERATORS AMERICAN WATERWAYS CERTIFIED?	
2. ARE THERE CURRENTLY SAFETY / LOSS PREVENTION PROGRAMS IN PLACE? IF YES, ATTACH DETAILS OF THESE PROGRAMS.	
3. IS VESSEL U.S. COAST GUARD INSPECTED? IF YES, PLEASE ATTACH U.S. COAST GUARD CERTIFICATION OF INSPECTION	
4. DOES THE INSURED HAVE A WINDSTORM/HEAVY WEATHER PLAN? IF YES, PLEASE ATTACH A COPY	
5. DOES THE INSURED EMPLOY A CREW? IF YES, PLEASE ATTACH A COPY OF CREW HIRING PRACTICES.	

GENERAL DESCRIPTION OF OPERATIONS

1. DESCRIPTION OF OPERATIONS:

_____

2. EXPERIENCE OF EMPLOYEES AND LICENSES: _____

3. FOR TOWBOATS ONLY: TYPE AND NUMBER OF VESSELS IN TOW: _____

   PROVIDE COPY OF TOWAGE CONTRACT.

4. ARE TOWERS RELEASED? YES ☐ NO ☐

   IF TOWERS ARE RELEASED, INDICATE WHO RELEASED THE TOWERS? _____

5. NAVIGATION LIMITS REQUIRED: _____

6. IS WATCHMAN SERVICE PROVIDED? YES ☐ NO ☐

   IF YES, HOURS PER DAY A WATCHMAN IS ON THE VESSEL: _____

7. WHERE CAN VESSEL(S) BE INSPECTED? _____

8. IS VESSEL(S) EVER LAID-UP? YES ☐ NO ☐ LOCATION: _____ DATES: _____

9. IS THE VESSEL OPERATED BY OWNER? YES ☐ NO ☐

10. ARE TUGS SUBCHAPTER M COMPLIANT? YES ☐ NO ☐

11. HAS ENGINE BEEN REPLACED OR RENEWED? YES ☐ NO ☐ IF SO, WHEN? _____

12. IS THE APPLICANT A MEMBER OF THE PASSENGER VESSEL ASSOCIATION? YES ☐ NO ☐

13. ARE HARD COPY CARRIER LOSS RUNS AVAILABLE? YES ☐ NO ☐

    ARE CARRIER LOSS RUNS ATTACHED? YES ☐ NO ☐

14. ARE VESSELS SURVEYS AVAILABLE? YES ☐ NO ☐

    ARE SURVEYS ATTACHED? YES ☐ NO ☐

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL and OK: WARNING: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER