



Application for Hull and Protection & Indemnity Insurance

General Information

Name of Applicant:	Producer:
Address:	Effective Date:
Operations:	
Has any company ever canceled or non-renewed insurance for the applicant? If yes, please explain.	
Owner/Operator Experience (include years of expertise and prior experience if any):	

Loss Information

Year	Gross Premium	Paid Losses	Outstanding Losses

Hull Limits:

Vessel Name	Year Built	Construction	Type	Limit
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

