



Commercial Vessel Hull and P&I Application

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. GENERAL INFORMATION (to be completed by all Applicants)

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Number of Years in Business: _____

Description of Operations: _____

All monetary values in this questionnaire are: CAD USD

Current Terms and Conditions: _____

Name of Insurer(s): _____

Policy Effective Date (mm/dd/yyyy): _____ Current Premium: _____

Name of Insured as it should appear on policy: _____

Has any company ever cancelled or non-renewed insurance for the owner/applicant? Yes No

If yes, what company and why? _____

Who besides the applicant has a financial interest in the vessels and in what amounts? _____

Loss Payee – Any loss under hull coverage is payable as the Insured’s interest may appear and: _____

Nature of the Applicant’s business? _____

Intended Area of Operation – Where will the vessels be operated? _____

Is coverage for operations in US waters required? Yes No

If yes, where? _____

VESSEL DESCRIPTION *(please complete more than one sheet stating fleet details if there are more than 4 vessels)*

	Vessel 1	Vessel 2	Vessel 3	Vessel 4
Vessel Name	_____	_____	_____	_____
Vessel Type	_____	_____	_____	_____

VESSEL DETAILS

Registration #	_____	_____	_____	_____
Serial Number #	_____	_____	_____	_____
Year Built	_____	_____	_____	_____
Length	_____	_____	_____	_____
Beam	_____	_____	_____	_____
Depth	_____	_____	_____	_____
Manufacturer	_____	_____	_____	_____
Model Name	_____	_____	_____	_____
Gross Registered Tonnage	_____	_____	_____	_____

	Vessel 1	Vessel 2	Vessel 3	Vessel 4
CONSTRUCTION				

Hull	_____	_____	_____	_____
Superstructure	_____	_____	_____	_____

MACHINERY MAIN ENGINES				
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Year Built	_____	_____	_____	_____
Date Last Overhauled (mm/dd/yyyy)	_____	_____	_____	_____
Number of Engines	_____	_____	_____	_____
Total Horsepower	_____	_____	_____	_____
Type of Drive	_____	_____	_____	_____
Type of Fuel	_____	_____	_____	_____

HAS THERE BEEN ANY ALTERATIONS OR MAJOR REPAIRS EFFECTED TO THE VESSEL(S)? <i>Please state details and cost</i>				
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1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

ADDITIONAL EQUIPMENT				
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Auxiliary Engine	_____	_____	_____	_____
Year Built	_____	_____	_____	_____
Horsepower	_____	_____	_____	_____
Fuel	_____	_____	_____	_____
Manufacturer	_____	_____	_____	_____
Does the vessel carry any special work equipment such as cranes or dredging buckets?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Description	_____	_____	_____	_____

SURVEYS				
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Date of last survey (mm/dd/yyyy). <i>Please attach a copy(ies)</i>	_____	_____	_____	_____
Recommendations complied with?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Vessel 1	Vessel 2	Vessel 3	Vessel 4
CARGOES				

Does the vessel carry cargo?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Type of cargo carried.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does any cargo carried belong to others?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is a bill of lading issued?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is liability for damage to third party cargo desired?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

POLLUTION COVERAGE				
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Does applicant have a separate policy covering pollution liability?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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EXPERIENCE OF OPERATORS				
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Captain(s)/Master(s) Years of Experience:	_____	_____	_____	_____
Captain(s)/Master(s) papers and qualifications:	_____	_____	_____	_____
Number of crew including Captain:	_____	_____	_____	_____

VESSEL USAGE – IF THE VESSEL CARRIES PASSENGERS, PLEASE ANSWER THE FOLLOWING SECTION:				
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Specific operations of vessel:	_____	_____	_____	_____
Maximum # of passengers permitted.	_____	_____	_____	_____
Average # of passengers carried any one trip.	_____	_____	_____	_____
Are alcoholic beverages served/sold on board?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is food served/sold on board?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are night or overnight trips taken? If yes, state frequency of night charters:	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____
Maximum length of trips (in hours).	_____	_____	_____	_____
Frequency of trips.	_____	_____	_____	_____
Number of months vessel is operated per year.	_____	_____	_____	_____
Does vessel operate on a scheduled route? If yes, please advise	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____

	Vessel 1	Vessel 2	Vessel 3	Vessel 4
TUG BOATS – IF THE VESSEL IS NOTED AS BEING A TUG, PLEASE ANSWER THE FOLLOWING SECTION				
Type of non-propelled vessels towed/ pushed.	_____	_____	_____	_____
Does the applicant tow/push vessels belonging to others?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, is the applicant released from liability? Please attach a copy of towage conditions.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Maximum number of barges in any tow/ push.	_____	_____	_____	_____
Type of cargo on vessels towed/pushed.	_____	_____	_____	_____
Is liability coverage for damage to vessels and cargo in tow desired?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
BARGES OR NON-PROPELLED VESSELS - IF THE VESSEL IS NOTED AS BEING A BARGE OR IS A NON-PROPELLED VESSEL, PLEASE ANSWER THE FOLLOWING SECTION				
Who tows/pushes vessel?	_____	_____	_____	_____
If the tower is not the applicant, is the tower released from liability?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Please attach towage conditions	_____	_____	_____	_____
VESSEL MOORING AND LAY UP				
Location where vessel moored during operating season.	_____	_____	_____	_____
What is the vessel's operating season?	_____	_____	_____	_____
Location of off season lay up.	_____	_____	_____	_____
Is the vessel laid up ashore?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Details of security and back up systems in place if vessel is afloat on a year round basis.	_____	_____	_____	_____
VALUATION – INCLUDING HULL, MACHINERY AND ATTACHED EQUIPMENT				
Currency used in valuation and limits.	<input type="radio"/> CAN\$ <input type="radio"/> US\$	_____	_____	_____
Estimated current replacement (new) value.	_____	_____	_____	_____
Present market value.	_____	_____	_____	_____
Price paid when purchased.	_____	_____	_____	_____
Date purchased (mm/dd/yyyy).	_____	_____	_____	_____

	Vessel 1	Vessel 2	Vessel 3	Vessel 4
POLICY LIMITS REQUIRED				
PHYSICAL DAMAGE LIMIT				

Hull and Machinery _____

Do these H & M values include the items listed below? Yes No *If no, please specify additional values in the boxes below:*

Electronic Equipment _____

Auxiliary Equipment _____

Crane and/or Bucket _____

Tender & Dinghy _____

Other (as described) _____

LIABILITY LIMIT				
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Protection and Indemnity (any one accident or occurrence). _____

Liability for damage to third party tow/ cargo. _____

PREVIOUS LOSSES				
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Please List all Losses that Applicant has Sustained on Previous Policies for this Type of Insurance Over the Past 5 Years:

Date of Loss (mm/dd/yyyy)	Vessel Name	Amount Paid	Deductible	Description of Loss
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

APPLICANT

By: _____
Signature and Title* Printed Name of Authorized Representative

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

