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COMMERCIAL HULL AND PROTECTION & INDEMNITY APPLICATION

A. Producer Information

1. Name of Agency: _____
2. Producer License Number: _____ Telephone number: _____
3. Is the account new to the Producer? Yes No
If no, how many years has this account been handled? _____

B. General Information

1. Name of Applicant: _____
2. Contact Person: _____ Contact's telephone number: _____
3. Business address: _____
4. Effective date of coverage: _____
5. Name of Principal(s) and/or Owner(s): _____
6. Has the Applicant and/or its Affiliated Companies been involved in bankruptcy proceedings?
 Yes No If yes, please specify details on separate sheet.
7. Has insurance ever been denied, cancelled or non-renewed on this Applicant and/or its Affiliated Companies?
 Yes No If yes, please state why: _____
8. What is the nature of Applicant's trade/operation? _____

9. Number of years Applicant has operated vessels in this trade/operation? _____
10. Number of years operating under existing name? _____
11. Has Applicant operated vessels under any other corporation or partnership in the past 10 years? Yes No
If yes, please explain: _____
12. Specify navigational limits required: _____
13. If Tank Barge Operator, please attach details of O.P.A. Compliance Plan.
14. Describe cargo handled: _____
15. Does Applicant require Vessel Owner's Liability to Cargo? Yes No
If yes, please specify: _____
16. Maximum values per vessel/barge and shipment/tow: _____
17. Limit of liability required: _____
18. Please provide details of standard contract of carriage: _____

19. Please provide details of all contractual obligations the Applicant might incur as they relate to this requested insurance: _____

C. Safety & Loss Prevention

1. Does Applicant/Owner employ a Loss Prevention and/or Safety Director? Yes No
List qualifications/experience: _____

2. How many hours a week does this individual spend in his/her capacity as a Loss Prevention and/or Loss Safety Director? _____
3. Have the Applicant's operations been subjected to an independent safety audit? Yes No
If yes, give details of audit and recommendation, including whose advisory services were employed and date when implementation took place. (Please use separate sheet).
4. Please describe the Applicant's pre-employment screening practices and employment physicals required of new hires: _____

5. Does Applicant use the services of the Marine Index Bureau? Yes No
6. Are safety and training programs a fully budgeted item? Yes No
7. Please describe in detail the company's orientation, safety and training programs (including manuals provided) for new hires: _____

8. Are safety meetings held on a regular basis? Yes No If yes, how often? _____
9. Health care plan or policy in effect for the crew? Yes No
10. Maritime Employer's Liability Policy in effect? Yes No If yes, please state limit: _____
11. Please describe Applicant's maintenance program for vessels and equipment including any self-inspection program: _____

D. Details on Crew/Employees/Others

1. Total number of crew employed: _____
2. Max. number of crew working @ A.O.T.: _____
3. Personnel turnover per year: _____ % Licensed personnel _____ % Deckhands
4. Does the crew work on a "time shift" basis? Yes No
5. If the crew works on a "time shift" basis, please specify: Period of time for each "shift": _____
No. of "shifts" in any one 24 hour day: _____ No. of crew assigned to each "shift": _____
6. Does the crew from one shift remain onboard after being relieved from the next "shift"? Yes No
7. Total annual payroll for crew: _____
8. Number of employees typically onboard other than crew: _____
9. Describe the circumstances under which these other employees are onboard the applicant's vessels: _____

10. Are there any other "third party" personnel quartered on or working from the scheduled vessels? Yes No
If yes, describe whom and the circumstances why: _____

E. Loss History

Please list all reported incidents for the previous five (5) years. The list must include ALL previously Closed Claims, including the Closed without payments, ALL incidents whether an "Estimate of Loss" has been set or not, and ALL other claims where an estimate has been set and/or payments made. ALL figures should contain Legal Fees and Expenses.

Note: The information above must be reported for ALL vessels operated by the Applicant/Assured and/or Affiliated Companies for the previous five (5) years, whether or not the vessels appear on the attached schedule and displayed in the format outlined below.

State Following Per Policy Year

Date of Loss	Status Open/Closed	Description of Loss	Net Paid Amount	Net Reserve Amount	Applicable Deductible

F. Vessel Details

Note: This "Vessel Details" section should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be added during the policy year should be submitted in a similar format.

Vessel name:	Date acquired:	Year built:	Type of vessel:	Insured/Agreed Value:	GRT:
Dimensions:	Construction material:	Does vessel carry cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vessel's classification society:		
No. of crew:	No. of other employees:	Is vessel used to carry passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify U.S.C.G. passenger limitation:			
Are passengers issued with a standard passenger ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:					
Manufacturer & H.P. of engines:	Date of last engine(s) overhaul:	Manufacturer of generators:	Date of last generator(s) overhaul:		

Is Vessel Equipped With:

1. High temperature/low oil pressure alarms on the engines? Yes No
2. Bilge alarms in good working condition? Yes No
3. Automatic fire extinguishing system in the engine room? Yes No
4. Non-skid paint or surface on deck and on all ladders? Yes No
5. Fire extinguishing and safety equipment meeting U.S. Coast Guard standards?

If no, please explain why not: _____

Please Furnish Copies of the Most Current Condition and Valuation Surveys for the Vessels Outlined Above.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____