

ROBERT W. SCHMIDT & COMPANY  
3505 North 124th Street  
Brookfield, WI 53005-2489

## OCEAN MARINE PROTECTION AND INDEMNITY APPLICATION

### Section I - Producing Agent / Broker

Name of Agent: \_\_\_\_\_

Is this a new account to the agent:  YES  NO

If no, how many years has account been held: \_\_\_\_\_

### Section II - Applicant

Applicant's name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Name of principal(s) and/or owner(s): \_\_\_\_\_

Years applicant has operated vessels: \_\_\_\_\_

Has the applicant and/or its affiliated companies been involved in bankruptcy proceedings:  
 YES  NO

If yes, please specify details: \_\_\_\_\_

What is the nature of the Applicant's operations: \_\_\_\_\_

Specify navigational limits required: \_\_\_\_\_

Limit of coverage required: \$ \_\_\_\_\_

If a tank barge operator, please attach details of O.P.A. compliance: \_\_\_\_\_

### Section III - Current Policies:

Has the applicant and/or affiliated been denied coverage or subject to cancellation by Underwriters?  
 YES  NO

If yes, please provide details: \_\_\_\_\_

Is a Personal Accident Policy or Health Care Plan in force:  YES  NO

Is a Maritime Employer's liability policy in force:  YES  NO

Is a Comprehensive General Liability policy in force:  YES  NO

Is the watercraft exclusion deleted:  YES  NO

Name of current P & I Insurer: \_\_\_\_\_

Number of years insured by current Insurer: \_\_\_\_\_

Date of P & I policy expiration: \_\_\_\_\_

### **Section IV - Loss Prevention**

Have the Applicant's operations been subject to an independent safety audit:  YES  NO

If yes, please, give details of audit and recommendations, including whose advisory services were used and date when implementation of recommendations took place:

\_\_\_\_\_

### **Section V - Crew / Employees / Others**

Total number of crew: \_\_\_\_\_ Maximum number of crew working AOT: \_\_\_\_\_

<b>Crew Names</b>	<b>Appointed Positions</b>	<b>Date of Employment</b>	<b>Licenses Held</b>

Does the crew work on a time shift basis:  YES  NO

If Yes, please specify:

Period of time for each shift: \_\_\_\_\_

Number of shifts in any one 24 hour day: \_\_\_\_\_

Number of crew assigned to each shift: \_\_\_\_\_

Does the crew from one shift remain on board after being relieved by the next shift:  YES  NO

Are the crew issued a "The Deck Hand Manual":  YES  NO

Please give details of any pre-employment programs carried out by the Applicant for new crew members: \_\_\_\_\_

Number of employees on board other than crew specified herein: \_\_\_\_\_

Describe the circumstances under which these other employees are on board Applicant's vessels:

\_\_\_\_\_

Are there any third party personnel quartered on or working from the scheduled vessels:

YES  NO

Describe the circumstances under which these third party personnel are on board Applicant's vessels:

\_\_\_\_\_

Are such third party personnel quartered on or working from the scheduled vessels under a contract:

YES  NO

If yes, please give details of work carried out by them and insurance requirements of your contract (if written, please provide copy of contract): \_\_\_\_\_



**Section VII - Loss Information:**

Please list all reported incidents for the previous FIVE years. The list must include ALL previously Closed Claims, including those Closed without payment. ALL incidents whether an 'estimate of loss' has been set or not. All other Claims where an estimate has been set and/or payments made (all figures should contain Legal Fees and Expenses). This information must be reported for ALL vessels operated by the insured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule and displayed in the format set out below.

Claimant's Name	Date Of Loss	Vessel	Amount Paid	Reserved Amount	Open/Closed	Details Of Loss
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

## **Section VIII - General and Application Information Warranty**

Please give details of all contractual obligations the applicant might incur as they relate to the insurance requested: \_\_\_\_\_

Please attach company brochure, if any:

I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is my/our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability, rates and conditions of coverage. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that this application shall be attached to and form part of the policy should one be issued.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**