



ESSEX INSURANCE COMPANY

OCEAN MARINE DEPARTMENT PROTECTION AND INDEMNITY APPLICATION

Section I -Producing Agent / Broker:

Name of Agent:

Is this a new account to the agent?
If no, how many years has account been held?

Section II -Applicant

Applicant's name and 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?

If Yes, please specify details on separate sheet:

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 liability Care Plan in force?
Is a Comprehensive General Liability policy in force?

Is a Maritime Employer's policy in force?
Is the watercraft exclusion deleted?

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?
If Yes, please, give details of audit and recommendations, including whose advisory services were used and date when implementation of recommendations took place (please use separate sheet)

Section V - Crew / Employees / Others

Total number of crew:

Maximum number of crew working AOT:

Please specify crew names; appointed positions; starting date of employment; and licenses held (please use separate sheet if necessary):

Does the crew work on a "time shift" basis?

If Yes, please specify:

A) period of time *for* each "shift":

B) number of "shifts" in any one 24 hour day:

C) number of crew assigned to each "shift":

Does the crew from one "shift" remain on board after being relieved by the next "shift"?

Are the crew issued "The Deck Hand Manual"?

Please give details of any pre-employment program carried out by the Applicant for any new crew:

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?

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?

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 VI - Vessel Details

<u>Vessel Name</u>	<u>GRT</u>	<u>Year Built</u>	<u>Type</u>	<u>Construction</u>	<u>Dimensions</u>	<u># of Crew</u>	<u># of Passengers</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Number of Employees on board other than crew: Under what circumstances ?

Any third party personnel quarter or working from scheduled vessels ? Yes/No If "yes" please describe:

Total number of crew employees all vessels: Annual crew Payroll:

Is Ship Owners Liability to Cargo required:

If YES: A) What type cargo carried:

B) Maximum value per voyage:

(C) Limit of Liability required:

Please attach Contract of Carriage.

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; and, All other Claims where an estimate has been set and/or payments made (all figures should contain Legal Fees and Expenses).

The above information must be reported for **ALL** vessels operated by the Assured 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 Paid Amount 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.

Signed: _____ Applicant: _____

Title: _____ Date: _____