

PROTECTION & INDEMNITY SUPPLEMENT

APPLICANT

1. Named Insured:	
2. Name of principal(s) and/or owners:	
3. How long has the insured operated vessels?	
4. Please list all previously owned and/or associated and/or affiliated maritime-related companies that the applicant has been involved in:	
5. Navigational limits required:	
6. If a tank barge operator, please attach details of O.P.A. compliance plan:	Attached <input type="checkbox"/> Not Applicable <input type="checkbox"/>

CURRENT POLICIES

7. Is a personal accident policy/health care plan in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is a comprehensive general liability policy in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is the "watercraft exclusion" deleted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Is "contractual cover" included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Number of years insured by current insurer:	

LOSS PREVENTION

12. Have the insured's operations been subject to an independent audit? <i>(If yes, please give details of audit and recommendations on a separate sheet)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Whose advisory services were employed and when did implementation take place?	

CARGO & CONTRACTUAL OBLIGATIONS

Cargo

14. Does the insured require Ship Owner's Liability to cargo? <i>(If yes, please specify)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Types of cargo carried: Maximum values per shipment: Limit of liability required: \$
15. Please give details of Standard Contract of Carriage:	

Contractual

16. Please give details of all contractual obligations the insured might incur as they relate to this requested insurance:	
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ATTACH COMPANY BROCHURES, IF ANY



LIG Marine Managers

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CREW / EMPLOYEES / OTHERS	
17. Total gross "Jones Act" payroll for last 12-month period:	\$
18. Total number of crew:	
19. Maximum number of crew working on vessels at any one time:	
20. Does the crew work on a "time shift" basis? <i>If yes, please specify:</i> 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"	Yes <input type="checkbox"/> No <input type="checkbox"/> Hours: Shifts: Crew:
21. Does the crew from one "shift" remain on board after being relieved by the next "shift"?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Is the crew issued "Deck Hand" manuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Are crew employed through crewing agencies / labor pools?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Please give details of any pre-employment program carried out by the insured prior to the hiring of any new crew:	
25. Are the above carried out for all newly appointed employees? If yes, are the records available for scrutiny?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Number of employees on board other than crew specified herein:	
27. Describe the circumstances under which these other employees are on board applicant's vessels:	
28. Are there any third-party personnel quartered on or working from the scheduled vessels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Are such third parties quartered on or working from the scheduled vessels under a contract? If yes, give details of work carried out by them and the insurance requirements of your contract: <i>(Which if written, please provide copy)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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VESSEL DETAILS	
30. Vessel Name:	
31. GRT:	
32. Year Built:	
33. Type of Vessel:	
34. Construction Material:	
35. Dimensions:	
36. Does vessel carry cargo?	Yes <input type="checkbox"/> No <input type="checkbox"/>
37. In which Classification Society is the vessel entered?	
38. Is the vessel owned by the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
39. Date vessel purchased:	
40. Is the vessel under charter or similar contract? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
41. Please specify ownership details:	
42. Date of last engine overhaul:	
43. Insured Value:	\$
44. Hull policy form:	
45. Number of Crew:	
46. Number of other employees:	
47. Is the vessel licensed to carry passengers? If yes, specify U.S. Coast Guard passenger capacity limitation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
48. Are passengers issued with a standard passenger ticket? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Attach vessel schedule if needed.

I/we hereby declare that the above information and are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: _____ Title: _____

Print Name: _____ Date: _____

