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## COMMERCIAL VESSEL INSURANCE APPLICATION

Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

Effective Date: \_\_\_\_\_ (12:01 A.M.) Name of Vessel: \_\_\_\_\_

Indicate Coverage Desired:

COVERAGE	LIMITS OF LIABILITY	PREMIUM
HULL	\$	AGREED VALUE
PROTECTION & INDEMNITY	\$	Each Occurrence
SUPPLEMENTAL COVERAGES	<input type="checkbox"/> V&MM <input type="checkbox"/> WAR RISK	
	<input type="checkbox"/> BREACH OF WARRANTY	
	<input type="checkbox"/> JONES ACT (Crew Coverage)	
	No. of Crew: _____	
	<input type="checkbox"/> OTHER	
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
DEDUCTIBLE: HULL: \$ _____ P&I: \$ _____		TOTAL: _____

**VESSEL:**

Builder: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_

Hull Material: \_\_\_\_\_ Type of Vessel: \_\_\_\_\_ ID #: \_\_\_\_\_

Cost To Present Owner: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Loss Payee: \_\_\_\_\_ Amount of Mortgage: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ENGINES:**

#1 Year Built: \_\_\_\_\_ HP: \_\_\_\_\_ Fuel: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

#2 Year Built: \_\_\_\_\_ HP: \_\_\_\_\_ Fuel: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Either Rebuilt:  Yes     No    If yes, when: \_\_\_\_\_

No. of Hours Each Engine: \_\_\_\_\_

**GENERAL INFORMATION:**

Describe Commercial Activity:

\_\_\_\_\_

Navigation Area: \_\_\_\_\_

Layup Period: From: \_\_\_\_\_ (12:01 AM) To: \_\_\_\_\_ (12:01 AM) Is Vessel:  Hauled     Dockside     On Mooring

Any Overnight Trips:  Yes     No    If yes, explain: \_\_\_\_\_

Principal Place of Mooring: \_\_\_\_\_

When was Vessel Last Surveyed: \_\_\_\_\_ By Whom: \_\_\_\_\_

Have All Surveyor's Recommendations Been Completed:  Yes  No If no, explain: \_\_\_\_\_

Experience of Operator: \_\_\_\_\_ Valid Coast Guard License:  Yes  No

Any Marine Claims in the Past 5 Years?  Yes  No If yes, explain: \_\_\_\_\_

Has Insurance Ever Been Canceled or Non-Renewed:  Yes  No If yes, explain: \_\_\_\_\_

Present Insurance Carrier: \_\_\_\_\_

**EQUIPMENT:**

Marine Electronics:  Depth Finder  SAT Telephone  Radar  SSB  EPIRB

Fire Extinguishers: No. and Type of Extinguishers: \_\_\_\_\_

Date Weighed & Tagged: \_\_\_\_\_ Alarm at Helm:  Yes  No

Automatic CO<sup>2</sup> System:  Yes  No Date Last Serviced: \_\_\_\_\_

Safety Equipment: Life Jackets for All Persons:  Yes  No Survival Suits:  Yes  No

Certified Life Raft:  Yes  No Additional Equipment: \_\_\_\_\_

Galley: Cooking Stove Fuel: \_\_\_\_\_ Fire Extinguisher Present:  Yes  No

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_