

COMMERCIAL VESSEL APPLICATION
(Excluding Commercial Fishing Vessels)



Suite 106-3701 East Hastings Street
 Burnaby, B.C., Canada V5C 2H6
 Phone (604) 293-1531
 Fax (604) 293-1248

Applicant: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Policy Effective Date: _____

Who besides the applicant has a financial interest in the vessel and in what amounts?

Nature of the Applicant's Business - What is the applicant's business?

Intended Area of Operation - Where will the vessel be operated?

VESSEL DESCRIPTION: *(Please provide us with a facsimile stating fleet details if there is more than 3 vessels)*

	VESSEL 1	VESSEL 2	VESSEL 3
VESSEL TYPE			
IDENTIFICATION			
Year Built			
Length			
Beam			
Depth			
Manufacturer			
Model Name			
Registration #			
Serial #			
Vessel Name			
Gross Registered Tonnage			
CONSTRUCTION			
Hull			
Superstructure			
MACHINERY MAIN ENGINES			
Year Built			
Last Overhauled?			
# of Engines			
Total Horsepower			
Type of Drive			
Fuel			

Have there been any alterations or major repairs effected to the vessel(s)? *(Please state details and cost)*

VESSEL 1	VESSEL 2	VESSEL 3

Has a survey been conducted on the vessel(s) within the last 5 years? (Please fax a copy)

Vessel 1 Yes No Date: _____
 Vessel 2 Yes No Date: _____
 Vessel 3 Yes No Date: _____

ADDITIONAL EQUIPMENT			
	VESSEL 1	VESSEL 2	VESSEL 3
AUXILIARY ENGINE			
Year Built			
Horsepower			
Fuel			
Manufacturer			
Insured Value	\$ _____	\$ _____	\$ _____

EXPERIENCE OF OPERATORS			
Years experience of the Captain and crew for the operation noted on this application:			
VESSEL 1	_____	VESSEL 2	_____
Captains Papers and Qualifications:			
VESSEL 1	_____	VESSEL 2	_____
Number of crew including the captain:			
VESSEL 1	_____	VESSEL 2	_____
What training does the crew have for the operations conducted by the vessel?			
VESSEL 1	_____	VESSEL 2	_____
Does the vessel carry any special work equipment such as cranes or dredging buckets?			
VESSEL 1	_____	VESSEL 2	_____

VESSEL USAGE - Passenger Carrying Vessels Only			
	VESSEL 1	VESSEL 2	VESSEL 3
Specific Operations of Vessel:			
Is vessel operated as a bareboat charter? If "Yes" give details.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Maximum passengers permitted by M.O.T.:			
Average # of passengers carried any one trip?			
Are alcoholic beverages served/sold on board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is food served/sold on board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are night or overnight trips taken? If "Yes" state frequency of night charters.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Max length of trips (in hours):			
Frequency of trips?			
Number of months vessel is operated per year.			
Does vessel operate on a scheduled route? Please advise.			

TUG BOATS - If the vessel above is noted as being a tug please answer the following section:			
	VESSEL 1	VESSEL 2	VESSEL 3
Will tug boat tow oil barges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant have a separate policy covering Pollution Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VESSEL MOORING AND LAY UP

	VESSEL 1	VESSEL 2	VESSEL 3
Location where vessel moored during operating season:			
Location of off season lay up:			
Is vessel laid up ashore?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is vessel afloat year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of security and back up systems in place if vessel is afloat on a year round basis:			

ANNUAL OPERATION - Gross Receipt

What are the anticipated Gross Receipts from the operation of the vessel?			
---------------------------------------------------------------------------	--	--	--

VALUATION - Including Hull, Machinery, attached equipment

Estimated Current Replacement (New) Value?	\$	\$	\$
Present Market Value:	\$	\$	\$
Price Paid when Purchased:	\$	\$	\$
Date Purchased:			

LIMITS REQUIRED

PHYSICAL DAMAGE			
Hull & Machinery			
Electronic Equipment (incl. above in H&M)			
Auxiliary Equipment			
Tender & Dinghy			
Other (as described)			
TOTAL			

PROTECTION & INDEMNITY - Any one accident or Occurrence

--	--	--

OTHER INSURANCE

Is there insurance presently in place for this risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Present Carrier:	Policy Number: Number of years in force:
Does applicant have other policies with eUNDERWRITERS?	<input type="checkbox"/> Yes <input type="checkbox"/> No Policy Number: Policy Type:

PREVIOUS LOSSES - Please list all losses that the applicant has sustained on previous policies for this type of insurance over the past 5 years

Date of Loss	Amount Paid	Description of Loss

Applicant:	Broker:	Dated:
------------	---------	--------

The information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.