



OCEAN MARINE APPLICATION

Vessel Pollution Liability





So it's always smooth sailing

APPLICATION FOR
OCEAN MARINE
VESSEL POLLUTION LIABILITY
This is not a Binder

1 NAME OF APPLICANT				PRODUCER NAME AND ADDRESS			
2 ADDRESS – NUMBER AND STREET							
3 CITY	STATE	ZIP					
4 YEAR BUILT	VESSEL NAME	USCG DOC # STATE REG #	CONST./TYPE	DOUBLE HULL	SINGLE HULL	GRT	FUEL CAPACITY
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(IF MORE THAN 5 VESSELS, PLEASE ATTACH VESSEL SCHEDULE)							
5 DESCRIPTION OF OPERATIONS:							
6 NAVIGATION LIMITS:							
7 Owned vessels tank barges/vessels? <input type="checkbox"/> Yes or No							
If yes, products carried: _____							
8 Does applicant tow barges/vessels? <input type="checkbox"/> Yes or No							
If yes, what is the capacity of towed barges/vessels? _____ <10,000 gal _____ >10,000 gal							
9 Do any of the scheduled vessel(s) require a USCG Certificate of Financial Responsibility? <input type="checkbox"/> Yes or No							
If yes, please identify vessel(s)							

10 Current carrier: _____ 11 Expiring premium: \$ _____							
12 HULL/P&L POLLUTION LOSS HISTORY (LAST 5 YEARS AS RESPECTS ALL VESSELS OWNED, OPERATED OR CHARTERED):							

13 Limit Requested \$ _____

14 Proposed effective date: _____

15 PRODUCER REMARKS:

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. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE

COMPANY TITLE

DATE

PRODUCER SIGNATURE

COMPANY TITLE

DATE

16 **Additional Comments:**