

PASSENGER CARRYING VESSEL PROGRAM SUMMARY

TYPE	All varieties of excursion, sightseeing, cruise, charter, head and casino vessels
INTEREST	Hull & Machinery and Protection & Indemnity Optional coverages for Passenger and Crew Liabilities
VALUES	Hull & Machinery: \$10,000,000 * Protection & Indemnity: \$50,000,000 - higher limits individually available * Higher hull values available on a per risk basis.
MINIMUM PREMIUM	\$25,000
SECURITY	Domestic Companies and / or Lloyd's
SURVEYS	Current condition and valuation surveys required upon request
EXCLUSIONS	Wooden hulls and airboats
SUBMISSIONS	Passenger Carrying Vessel Application and Submission Worksheet. Casino - Additional information required. 1) Annualized Passenger Count. 2) Cruise Schedule



LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

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SUBMISSION WORKSHEET

Name of Insured		Class of Business	
Anticipated eff date		Quote needed by	
Name of Agent		Name of Agency	
Agent's telephone number		Agent's facsimile number	
Are you Retailing <input type="checkbox"/> or Wholesaling <input type="checkbox"/> this risk		Do you currently write this risk? YES <input type="checkbox"/> NO <input type="checkbox"/>	

CURRENT COVERAGE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate
Are current companies offering renewal?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES what are terms offered, if NO why?					

TO WHAT OTHER MARKETS HAS THIS RISK BEEN SUBMITTED WHAT OTHER QUOTES DO YOU/THE INSURED HAVE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate

WHAT TERMS DO YOU NEED TO SECURE THE ORDER

Section/Coverage	Limit	Deductible	Premium	Rate



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PASSENGER CARRYING VESSEL APPLICATION

Name of insured			
Business address			
Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			
Telephone number		Number of years in business	
Person to contact for survey			
Where can the vessels be surveyed?			
Hull Coverage		Year Built	
Name of vessels		Location of Builder	
Name of builder		Date of Purchase	
Amount of insurance	\$	Amount of deductible	\$
Is the vessel U.S. Coast Guard certified?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length:	Beam:	Draft:	Gross registered tons:
Material of Hull:		Is there a built in fire extinguisher system? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many engines?	Gas or Diesel:	Year built:	
Manufacturer model:		Horsepower of each:	
Date of last survey report (Attach a copy)	Indicate Lay-up period: From: To:		Lay-up location:



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PASSENGER CARRYING VESSEL APPLICATION CONTINUED

PROTECTION AND INDEMNITY COVERAGE

Limit of Liability \$	Deductibles: Bodily Injury \$	Property damage \$
Maximum number of passengers:		
Number of crew including captain (if not the owner)		
Experience of operator(s) including owner, paid captains, and crew operating a vessel of this type: (including losses, if any)		
Does the U.S. Coast Guard license the operator(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of trips daily:		
Are there any overnight trips? If yes, describe	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mortgagee name and address also the amount of the outstanding mortgage		
What navigation limits are required?		
List any equipment on board the vessel:		
Besides the captain and crew, indicate if there are any other employees?		
How many full time and how many are part time?		
Is liquor served or sold on board? If yes, explain	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are any autos carried? If yes, number of autos:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is any cargo carried? If yes, describe cargo:	Yes <input type="checkbox"/> No <input type="checkbox"/>	



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Five year premium and gross claims history: Hull, machinery, collision liability and protection and indemnity claims or losses during the last five years on all vessels owned or operated by the insured including vessels sold or lost whether insured or not.	
Name of insurance company that presently insures you:	
Name any insurance company or agent that canceled or refused to renew this type of insurance for you:	
Remarks:	

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 would a policy be issued.

Signature:

Title:

Print Name:

Date:



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