

CARIBBEAN COMMERCIAL VESSELS

TYPE	All forms of Caribbean Commercial, Cargo and Passenger Vessels.
LIMITS	As Required.
MINIMUM PREMIUM	\$25,000 minimum Hull or P&I each section
INTEREST	Hull & Machinery, Increased Value, Mortgage Interest, Freight War and/or Protection & Indemnity. Available Monoline or Combined.
SURVEYS	Current Class Certification. Or if vessel not classed, full condition and valuation survey by qualified surveyor, not over 12 months old PRIOR to quoting.
SUBMISSIONS	Complete Submission Worksheet and Caribbean Vessel Application Copies of current policies

CARIBBEAN VESSEL SUBMISSION WORKSHEET

GENERAL INFORMATION

Named of Insured:	
Anticipated Eff Date:	
Quote Needed by:	
Name of Agent:	
Name of Agency:	
Agent's Phone Number:	
Agent's Email:	
Relationship:	Retailing <input type="checkbox"/> Wholesaling <input type="checkbox"/>
Do you currently write this risk?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CURRENT COVERAGE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate
Hull					
P&I					

Are Current Companies Offering Renewal? Yes No

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
Hull					
P&I					

WHAT TERMS DO YOU NEED TO SECURE THE ORDER?

Section/Coverage	Limit	Deductible	Premium	Rate	Notes
Hull					
P&I					



CARIBBEAN VESSEL APPLICATION

SHIPOWNER

1. Company:	
2. Address:	
3. Personnel:	
4. Date of Establishment:	
Record of Past 5 Years in Respect of Vessels owned:	
5. (All losses must include self-retained losses)	
6. Financial Status of Company:	
7. Navigating Limits Required:	
8. Home Port Address:	

MANAGER (If different to owner)

9. Company Name:	
10. Address:	
11. Personnel:	
Record of Past 5 Years in Respect of Vessels owned: (All losses must include self-retained losses)	
12. losses)	

VESSEL(S)

13. Age:	
14. Type:	
15. Tonnage – Gross Tons and Dead Weight (DWT):	
16. Names (and any prior names):	
17. IMO Number:	
18. Prior Owners:	
19. Classification Societies	
20. Details of Surveys & Dates:	
21. Flag:	



CARIBBEAN VESSEL APPLICATION

VESSEL(S) CONT'D

22. Date of Purchase:	
23. Purchase Price & Mortgage/Loan:	
24. Trade:	
25. Cargo Carried:	
26. Liner/Tramp/Charter:	
27. Prior Damage (any significant damage, CTL during life of the vessel):	
28. Details of any Rebuilding/Conversions Including Dates:	
29. Details of Engines – Make/Type/Age:	

MAINTENANCE

30. Previous 2 Years Maintenance Outlay:	
31. Anticipated Outlay for Next 12 Months:	
32. Does the Vessel Carry an International Safety Management Certificate? If Yes, Attach Copy. If No, What Plans are in Place to Obtain One?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CREW

33. Total Number of Crew	
34. Details of Captains and Chief Engineers:	
35. Details of Language of Communication: (are all officers and crew fluent)	
36. Details of crewing policy: (dedicated/pooling arrangement)	
37. Nationality of Crew:	

Please Attach Copy of Crew Contract



CARIBBEAN VESSEL APPLICATION

INSURANCE

38. Details of Previous Insurances:

39. Details of Entries into P&I Clubs: (if any)

PORT STATE CONTROL

40. Port State Control:
Details of All Outstanding Deficiencies as Noted by

It is the duty of assureds and their agents to disclose all material facts to underwriters before the contract of insurance is concluded and any failure to do so entitles underwriters to avoid the contract. Answering the above questions alone does not relieve the assured and their agents of this duty and it is essential that all material facts, which are not specifically asked for above, are disclosed to underwriter in addition.

Signature: _____

Title: _____

Print Name: _____

Date: _____

