



AIR & SEA INSURANCE CORP.

ATLANTIC TOWER: 7220 NW 36TH STREET, SUITE 527 MIAMI, FL 33166 USA
 TEL: 305-599-7066 FAX: 305-599-4866 www.airandseainsurance.com

APPLICATION FOR POLLUTION INSURANCE

SHIPOWNER		ADDRESS				
MANAGERS OR OPERATORS		ADDRESS				
MORTGAGEE		ADDRESS				
CONTACT	PHONE	FAX	E-MAIL			
VESSEL'S NAME		PREVIOUS NAME		YEAR BUILT	CLASS	FLAG
TYPE OF VESSEL		IMO NUMBER	CALL LETTERS	LENGTH	BREADTH	DRAFT
PURCHASE DATE / /	LAST CLASS SURVEY / /	US COAST GUARD INSPECTION / /	C.O.F.R. No.	DWT	GRT	NRT
VESSEL COMPLIANCE I.M.O. YES or NO	VESSEL COMPLIANCE I.S.M. YES or NO	VESSEL COMPLIANCE FLAG STATE YES or NO	VESSEL COMPLIANCE CLASS SOCIETY YES or NO	VESSEL COMPLIANCE U.S. COAST GUARD YES or NO		
NAVIGATION LIMITS / TRADING AREA						
TYPE OF CARGO CARRIED						
NUMBER AND NATIONALITY OF OFFICERS & CREW MEMBERS						
OTHER VESSELS OWNED OR OPERATED						

OTHER INSURANCE INFORMATION

HULL & MACHINERY (H&M) INSURER		PROTECTION & INDEMNITY (P&I) INSURER			
INSURED VALUE (H&M) USD \$		LIMIT OF LIABILITY (P&I) USD \$		DEDUCTIBLE (P&I) USD \$	
DEDUCTIBLE (H&M) USD \$	WAR RISKS Y or N	LIMIT OF LIABILITY - REMOVAL OF WRECK USD \$		DEDUCTIBLE - REMOVAL OF WRECK USD \$	

5 YEAR LOSS HISTORY

DATE	VESSEL'S NAME	DESCRIPTION OF ACCIDENT/CLAIM/INCIDENTS	PAID	RESERVED
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$

APPLICANT'S DECLARATION:

I/we are hereby appointing Air & Sea Insurance Corp. to act as our Agent of Record for the coverage requested above. I/we warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief. It is my/our understanding that underwriters shall rely upon information and representation listed above in determining the acceptability, rates and conditions of coverage. It is understood that misrepresentations or omissions shall constitute grounds for immediate cancellation of coverage and/or denial of claims. It is further understood that there is a continuing obligation and duty to immediately notify underwriters of any material changes to the nature of the risk, exposure or operations. It is further understood that this application shall be attached to, and form part of the policy, should it be issued by underwriters.

SIGN	PRINT NAME	TITLE	DATE / /
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