



# AIR & SEA INSURANCE CORP.

6355 NW 36<sup>th</sup> STREET, SUITE 605, MIAMI, FLORIDA 33166 USA

TEL: 305-599-7066 / 305-870-2665 [www.airandseainsurance.com](http://www.airandseainsurance.com) FAX: 305-599-4866 / 305-870-4662

**CARGO - INVENTORY - PROPERTY - HULL & MACHINERY - P&I - POLLUTION & COFR - TERMINALS & PORTS**

## 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. <b>YES or NO</b>	VESSEL COMPLIANCE I.S.M. <b>YES or NO</b>	VESSEL COMPLIANCE FLAG STATE <b>YES or NO</b>	VESSEL COMPLIANCE CLASS SOCIETY <b>YES or NO</b>	VESSEL COMPLIANCE U.S. COAST GUARD <b>YES or NO</b>		

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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**GENERAL  
(PART I OF 4 PARTS)**

**INSTRUCTIONS**

Please type or print and submit this application, together with all evidence of financial responsibility required under 33 CFR § 138.80 and all fees required under 33 CFR § 138.130, to the U.S. Coast Guard, National Pollution Funds Center (Cv) MS7100, 4200 Wilson Boulevard, Suite 1000, Arlington, VA 20598-7100 (telephone (202) 493-6780, telefax (202) 493-6781). Applicants must answer all applicable questions. If a question does not apply, answer "not applicable." Incomplete applications will be returned. If additional space is required, supplemental sheets may be attached. The completed application and all supporting information must be provided in the English language, and must express all monetary terms in United States Dollars. As an alternative to using this form, you may use the E-COFR system, available through the NPFC's Web site at <https://npfc.uscg.mil/cofr>.

1.(a) Legal name of applicant (name of responsible operator of all vessels listed in Part II):	<b>THIS SPACE FOR USE BY USCG ONLY</b>
(b) English equivalent of legal name if customarily written in language other than English:	
(c) Trade name, if any:	
2. Is this the first time the above-named applicant is submitting application Form CG-5585?  <div style="text-align: center;"> <b>YES                  NO</b> </div> If NO, what Coast Guard control number was assigned to the first application Form CG-5585?	

3. State applicant's legal form of organization, i.e., whether operating as an individual, corporation, partnership, association, joint stock company, business trust, or other organized group of persons (whether incorporated or not), or as a receiver, trustee, or other liquidating agent, and briefly describe applicant's current business activities and length of time engaged therein:

(a) If a corporation, association, or other organization, indicate:

State in the United States, or foreign country, in which incorporated or organized:	Date of incorporation or organization:
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(b) If a partnership, provide name and address of each partner:

4. Name and address of applicant's United States agent or other person authorized by applicant to accept service of process and receipt of notices of designations and presentations of claims in the United States (collectively referred to as "service of process"). (See Part IV). U.S. applicants may appoint themselves as agent, eliminating the need to complete Part IV.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for completing this form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestion for reducing the burden to the: Commandant (NPFC), U.S. Coast Guard, 2100 2nd Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0046), Washington, DC 20503.

**EVIDENCE OF FINANCIAL RESPONSIBILITY (PART II OF 4 PARTS)**

5. List all vessels that require Certificates of Financial Responsibility under 33 CFR 138.12:

NAME OF VESSEL (a)	TYPE OF VESSEL (See Note 1 below) (b)	HULL TYPE (See Note 2 below) (c)	COUNTRY OF REGISTRY (d)	US VESSELS: Documentation Number FOREIGN VESSELS: International Maritime Organization (IMO) Number (e)	GROSS TONS (f)

**NOTE 1:** Please designate the Type of Vessel in column 5(b) by using a number from one of the following categories:

CARGO VESSELS, SELF-PROPELLED

- Breakbulk freighter = 10
- Containership \* = 11
- Roll on-roll off = 12
- Barge carrier (e.g., lash, seabee) = 13
- Combination breakbulk containership \* = 14
- Combination roll on-roll off containership \* = 15
- Combination barge carrier containership \* = 16
- Tanker = 17
- Dry bulk carrier = 18
- All other self-propelled cargo vessels = 19
- Oil/bulk/ore carrier (OBO) = 20

PASSENGER VESSELS

- Passenger vessel\*\* = 30
- Combination passenger/cargo vessel\*\* = 31
- Ferry\*\* = 32

RECREATIONAL VESSELS

- All types of pleasure craft = 40

UTILITY CRAFT

- Tank barge = 50
- Tug and towboat = 51
- Barge and scow = 52
- Drilling rig = 53
- Fishing vessel = 54
- Factory vessel = 55
- Research vessel = 56
- All other utility craft\*\*\* = 57

MISCELLANEOUS

- Vessels not otherwise specified = 60

\* Containership categories should be assigned only to vessels having fixed container cells or regularly carrying multi-tier container deckloads.  
 \*\* Passenger categories should be assigned only to vessels carrying more than 12 passengers for hire.  
 \*\*\* Includes floating cranes, dredges, docks, etc.

**NOTE 2:** For Vessel Types 17 (Tanker), 20 (Oil/bulk/ore carrier), 50 (Tank Barge), or 53 (Drilling Rig), please designate the Hull Type as defined in 33 CFR 138.220, in column 5(c), by using a letter from one of the following categories:

- S = SINGLE HULL, including a single hull vessel fitted with double sides only or a double bottom only
- D = DOUBLE HULL

5. (g) Provide owner information for each vessel below. Enter "SAME" in the OWNER column if the owner is the same as the operator:

NAME OF VESSEL	OWNER	OWNER'S MAILING ADDRESS

**PART II (CONT'D)**

6. Items 7 through 11 are methods of establishing and maintaining evidence of financial responsibility. Answer only the item(s) which are applicable to this application:

Insurance (Answer item 7)	Surety Bond (Answer item 8)	Financial Guaranty (Answer item 9)	Self-Insurance (Answer item 10)	Other Services (Answer item 11)
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7. Name and address of applicant's insurance guarantor (*Insurance Guaranty Form CG-5586 or Master Insurance Guaranty Form CG-5586-1 must be filed before a Certificate will be issued*):

8. Total amount of surety bond guaranty:

\$

Name and address of applicant's surety bond guarantor (*Surety Bond Guaranty Form CG-5586-2 must be filed before a Certificate will be issued*):

9. Name and address of applicant's financial guarantor (*Financial Guaranty Form CG-5585-3, or Master Financial Guaranty Form CG-5586-4 and all financial data and other information required by 33 CFR 138.80(b)(4) must be filed before a Certificate will be issued*):

Financial Guarantor's fiscal year:

\_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Day) (Month) (Day)

10. If applicant intends to qualify as a self-insurer attach all financial data and other information required by 33 CFR 138.80(b)(3) and indicate fiscal year. (*All required information must be filed before a Certificate will be issued*):

\_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Day) (Month) (Day)

11. If applicant intends to qualify through other evidence, supply all information required by 33 CFR 138.80(b)(5):

**DECLARATION (PART III OF 4 PARTS)**

12. Applicant's mailing address (*street, number, post office box, city, state or country. Indicate ZIP code if in the United States*):

14. Type or print in this space the name and title of the official who is signing the application:

15. Address of principal office in the United States (*if any*):

13. Telefax number :

16. Telephone no. (*area code and number*):

17. E-mail address :

I declare that I have examined this application, including any accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete. Furthermore, the applicant named in item 1(a) of Part I above is the responsible operator of all vessels now listed in or later added to this application. I agree that in the event the agent designated in item 4 of Part I above, or that agent's replacement as may be designated later with the approval of the Director, U.S. Coast Guard National Pollution Funds Center, cannot be served due to death, disability, unavailability, or similar event, the Director, U.S. Coast Guard National Pollution Funds Center, is considered the agent for service of process. I have signed this application in my capacity as an authorized official of the applicant, or, if acting under a power of attorney, pursuant to the power vested in me by the applicant as evidenced by the attached power of attorney.

**IMPORTANT**



DATE:

SIGNATURE OF AUTHORIZED OFFICIAL:

NOTE Please be sure that Parts I, II, and III have been completed in full and that Part III has been dated and signed. Then proceed to Part IV, attached.

NO CERTIFICATE WILL BE ISSUED UNLESS A COMPLETED APPLICATION FORM HAS BEEN RECEIVED, PROCESSED AND APPROVED.

COMMENTS:

Any person who knowingly and willfully makes a false statement in this application is subject to the sanctions prescribed in 18 U.S.C. 1001

**CONCURRENCE OF AGENT (PART IV OF 4 PARTS)**

PART IV-A must be completed by the person designated in item 4 of Part I to serve as applicant's United States agent for service of process.

Part IV-B must be completed by the applicant. After Parts IV-A and IV-B are completed, Part IV should be submitted to the Director, Coast Guard National Pollution Funds Center, by the applicant or by the agent, either separately or together with Parts I, II, and III. *(Part IV need not be completed if the agent designated in item IV of Part I already has submitted to the U.S. Coast Guard an acceptable blanket Concurrence of Agent, agreeing to serve on behalf of certain applicants who designate that agent. Part IV also need not be completed if the applicant is a United States entity and has appointed itself as agent in item 4 of Part I.)*

**PART IV-A**

It is hereby agreed that \_\_\_\_\_

shall serve as the applicant's United States agent for service of process for purposes of 33 CFR part 138. This designation and agreement shall cease immediately in the event the applicant designates a new agent acceptable to the Director, National Pollution Funds Center.

Date:

Signature of person signing on behalf of agent:

Title:

Business address:

**PART IV-B (TO BE COMPLETED BY APPLICANT)**

Name of applicant (from item 1(a)):

Signature of authorized official signing on behalf of applicant: \_\_\_\_\_  
*(Person signing here should also sign in appropriate place on Part III)*

Date:

Type or Print Name and Title: \_\_\_\_\_