



AIR & SEA INSURANCE CORP.

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

HULL & MACHINERY/P&I INSURANCE APPLICATION

NAME OF VESSEL _____ TYPE OF VESSEL _____

ASSURED _____ YEARS IN BUSINESS _____

ADDRESS OF OWNER/ASSURED _____

PHONE _____ FAX _____ E-mail: _____

OPERATORS/MANAGERS NAME & ADDRESS _____

HOME PORT/MARINA ADDRESS _____

MORTGAGEE NAME _____ AMOUNT \$ _____

REGISTRATION No. _____ COUNTRY OF REGISTRY _____

NAVIGATIONAL LIMITS/TRADING AREAS _____

TYPE OF CARGO CARRIED _____

YEAR BUILT _____ IMO No. _____ CALL LETTERS _____

PURCHASE PRICE \$ _____ DATE PURCHASED ____/____/____

CONSTRUCTION _____ DWT _____ GRT _____ NT _____

HULL TYPE _____ LENGTH _____ BREADTH _____ DRAFT _____

VESSEL SPEED _____ # OF WATER TIGHT COMPARTMENTS _____

NAVIGATIONAL AIDS/ ELECTRONICS _____

CLASS SOCIETY & CLASSIFICATION _____ FLAG _____

DID THE VESSEL COMPLETE ANNUAL US COAST GUARD INSPECTIONS: **YES / NO**

DID THE VESSEL **PASS / FAIL**. DATE OF LAST INSPECTION: ____/____/____ CIRCLE



MAKE OF ENGINE(S) _____ MODEL(S) _____

PORT SERIAL# _____ STBD SERIAL# _____

HORSE POWER EACH _____ FUEL **GAS or DIESEL** FIRE **HALON or CO₂**
CIRCLE CIRCLE

TENDERS / LIFE RAFTS. (number, make, model, length, year, motors) _____

CIRCLE AS APPROPRIATE

IS VESSEL IN FULL COMPLIANCE WITH **IMO** REGULATIONS: **YES OR NO**
IS VESSEL IN FULL COMPLIANCE WITH THE **FLAG STATE** REGULATIONS: **YES OR NO**
IS VESSEL IN FULL COMPLIANCE WITH **CLASS SOCIETY** REQUIREMENTS: **YES OR NO**
IS VESSEL IN FULL COMPLIANCE WITH **U.S. COAST GUARDS** INSPECTIONS: **YES OR NO**
IS VESSEL IN FULL COMPLIANCE WITH THE **I.S.M. CERTIFICATION**: **YES OR NO**

INSURANCE COVERAGE REQUESTED

HULL & MACHINERY VALUE \$ _____ DEDUCTIBLE \$ _____

P & I LIMIT OF LIABILITY \$ _____ DEDUCTIBLE \$ _____

REMOVAL OF WRECK \$ _____ DEDUCTIBLE \$ _____

POLLUTION \$ _____ DEDUCTIBLE \$ _____

CIRCLE

TOTAL LOSS ONLY	YES / NO		
PASSENGER LIABILITY	YES / NO	NUMBER	# _____
CREW LIABILITY	YES / NO	NUMBER	# _____
LOSS OF FREIGHT INCOME	YES / NO	AMOUNT	\$ _____
CARGO LEGAL LIABILITY	YES / NO	AMOUNT	\$ _____
EXCESS COLLISION LIABILITY	YES / NO	AMOUNT	\$ _____
EXCESS TOWERS LIABILITY	YES / NO	AMOUNT	\$ _____
WAR RISKS INSURANCE	YES / NO	AMOUNT	\$ _____
LOSS OF EARNINGS	YES / NO	AMOUNT	\$ _____
OTHER _____		AMOUNT	\$ _____

NAME OF PRESENT OR LAST INSURER (INCLUDE TERMS AND PREMIUMS) ATTACH OLD POLICY



LAST CONDITION SURVEY DATE: ___/___/___ BY WHOM: _____

DESCRIBE ANY VESSEL(S) OR EQUIPMENT OWNED OR OPERATED FOR THE PAST FIVE YEARS.

GIVE FULL PARTICULARS OF ANY LOSSES OVER THE PAST FIVE YEARS. PLEASE INCLUDE:

VESSEL'S NAME DATE OF LOSS TYPE OF LOSS/INCIDENT AMOUNT PAID. RESERVE

(PLEASE ATTACH SHEETS, IF NECESSARY, TO EXPAND UPON ANY INFORMATION)

CREW LIST

NAME	POSITION	YRS	PASSPORT #	HIRED	NATIONALITY
				___/___/___.	
				___/___/___.	
				___/___/___.	
				___/___/___.	
				___/___/___.	
				___/___/___.	
				___/___/___.	

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 insurance policy, should it be issued by underwriters.

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE ___/___/___