



# AIR & SEA INSURANCE CORP.

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

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

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

## **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



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MAKE OF ENGINE(S) \_\_\_\_\_ MODEL(S) \_\_\_\_\_

PORT SERIAL# \_\_\_\_\_ STBD SERIAL# \_\_\_\_\_

HORSE POWER EACH \_\_\_\_\_ FUEL **GAS or DIESEL** FIRE **HALON or CO<sub>2</sub>**  
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

\_\_\_\_\_  
\_\_\_\_\_



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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 \_\_\_/\_\_\_/\_\_\_