



# 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**

PAGE 1 OF 2 **APPLICATION FOR P&I INSURANCE**

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

## INSURANCE REQUESTED

CARGO <b>YES or NO</b>	CREW <b>YES or NO</b>	PASSENGERS <b>YES or NO</b>	COLLISSION <b>YES or NO</b>	COLLISSION TO COVER <b>1/4 or 4/4</b>
FIXED AND FLOATING OBJECTS <b>YES or NO</b>	THIRD PARTY PROPERTY <b>YES or NO</b>	TOWERS LIABILITY <b>YES or NO</b>	U.S. POLLUTION <b>YES or NO</b>	NON U.S. POLLUTION <b>YES or NO</b>
FINES & PENALTIES <b>YES or NO</b>	REMOVAL OF WRECK <b>YES or NO</b>	OTHERS (EXPLAIN)		

## CURRENT INSURANCE INFORMATION

HULL & MACHINERY (H&M) INSURER		PROTECTION & INDEMNITY (P&I) INSURER	
INSURED VALUE (H&M) USD \$	DEDUCTIBLE (H&M) USD \$	LIMIT OF LIABILITY (P&I) USD \$	DEDUCTIBLE (P&I) USD \$
WAR RISKS <b>Y or N</b>	EXPIRATION DATE / /		EXPIRATION DATE / /



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## APPLICATION FOR P&I INSURANCE

### 5 YEAR LOSS HISTORY

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

PLEASE LIST ANY ENTITIES TO BE ADDITIONALLY INSURED

PLEASE DESCRIBE ANY SPECIALIST OPERATIONS (SALVAGE, DRILLING, DREDGING, DIVING, TOWING, ETC.)

PLEASE ADD ANY COMMENTS THAT MAY BE USED AS MATERIAL INFORMATION BY UNDERWRITERS

### 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
			/ /

NAME OF VESSEL