

## AIR & SEA INSURANCE CORP.

6355 NW 36th STREET, SUITE 605, MIAMI, FLORIDA 33166 USA

TEL: 305-870-2665 <u>www.airandseainsurance.com</u> FAX: 305-870-4662

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

SHIPOWNER				ADD	ADDRESS					
MANAGERS OR				ADD	ADDRESS					
OPERATORS MORTGAGEE				ADD	ADDRESS					
			PHONE	PHONE FAX			E-MAIL			
VESSEL'S NAME			PREVIOUS NAM		S NAME	YEAR BUIL	LT C	LASS	FLAG	
TYPE OF VESSEL			IMO NUMBER		CALL LETTERS	LENGTH	BRI	EADTH	DRAFT	
PURCHASE D	ATE I	AST CLASS SURVEY	US COAST INSPEC		C.O.F.R. No.	DWT	(	GRT		
VESSEL COMPLIANCE I.M.O. I.S.M  YES or NO YES or		I. FI		L COMPLIANCE LAG STATE ES or NO	STATE CLASS		U.S. C	SEL COMPLIANCE COAST GUARD YES OF NO		
NAVIGATION L			r NO	1	LS of IVO	I LS	or INO		as or IVO	
TYPE OF CARO	GO CARRIE	CD								
NUMBER AND	NATIONAL	ITIY OF OFFICE	RS & CREW I	MEMBERS						
OTHER VESSEL	S OWNED	OR OPERATED								
		OT	HER IN	SURA	NCE INFOR	RMATION	V			
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) WAR RI USD \$ Y or		ISKS LIMI	SKS LIMIT OF LIABILITY - REMOVA		OF WRECK			VAL OF WRECK		
			5 Y	EAR I	LOSS HISTO	ORY				
DATE	VESSEL'S NAME		DESCI	DESCRIPTION OF ACC		IDENT/CLAIM/INCIDENTS		ID	RESERVED	
/ /							\$	•	<b>\$</b>	
/ /							\$		\$	
/ /							\$		\$	
							\$			

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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