



HULL/MACHINERY AND PROTECTION & INDEMNITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address:

3. Mortgagee(s):

4. VESSELS TO BE INSURED

Name of the vessel	Construction/Year/Length/Motors/GRT	Insured Value
a)		
b)		
Purchase Price	Date of Purchase	Estimated Replacement Cost (New)
a)		
b)		

5. ADDITIONAL INFORMATION

VESSEL #1

Navigation limits:

Navigation season:

From:

To:

Describe layup locations:

D.O.T. Approved:
Certificate number(s):

Yes No

Crew members licenced?
Number of crew: _____

Yes No

Experience of operator:

Number of Passengers usually carried: _____

Maximum permitted: _____

Will vessel be towed?
Describe towing vessel: _____

Yes No

Principal Activities: _____

Describe any special operations, use of cranes, pile driving, drilling, dredging, etc.:

Is third party cargo carried?
If Yes, please provide a copy of the contract of carriage / Bill of lading.

Yes No

Protection & Indemnity Limit Required: \$ _____

VESSEL #2

Navigation limits: _____

Navigation season: From: _____ To: _____

Describe layup locations:

D.O.T. Approved:
Certificate number(s):

Yes No

Crew members licenced?
Number of crew: _____

Yes No

Experience of operator:

Number of Passengers usually carried: _____

Maximum permitted: _____

Will vessel be towed?
Describe towing vessel: _____

Yes No

Principal Activities: _____

Describe any special operations, use of cranes, pile driving, drilling, dredging, etc.:

Is third party cargo carried?
If Yes, please provide a copy of the contract of carriage / Bill of lading.

Yes No

Protection & Indemnity Limit Required: \$ _____

6. LOSS EXPERIENCE (During previous 5 years for all coverages being requested)

Year	Premiums Paid	Loss Description	Losses Paid	Outstanding or Estimated

7. INSURANCE DETAILS

Insurer: _____

Policy Number: _____ Number of years with current Insurer: _____

Have you ever had insurance cancelled? Yes No
If Yes, please provide details:

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**