



FIREWORKS COMMERCIAL HULL AND PROTECTION & INDEMNITY APPLICATION

GENERAL INFORMATION

1. Name of Applicant: _____
2. Contact person for inspection and telephone number: _____
3. Business Address: _____
4. Effective Date of Coverage: _____
5. Name of Principal(s) and/or Owner(s): _____
6. Number of years applicant has operated vessels in this trade/operation: _____
7. Number of years operating under existing name: _____
8. Has the applicant operated vessels under any other corporation or partnership in the past 10 years? Yes _____
No _____ If yes, please explain: _____
9. Specify navigational limits required: _____
10. If tank barge operator, please attach details of O.P.A. compliance plan: _____
11. Describe cargo handled: _____
12. What ports used: _____
13. Please provide details of all contractual obligations the applicant might incur as they relate to this requested insurance: _____

SAFETY & LOSS PREVENTION

1. Does applicant/owner employ a loss prevention and/or safety director? Yes _____ No _____
2. List qualifications/experience: _____

3. How many hours a week does this individual spend in his/her capacity as a Loss Prevention and/or Loss Safety Director? _____
4. Have the applicant's operations been subject to an independent safety audit? Yes _____ No _____
If yes, give details of audit and recommendation, including whose advisory services were employed and date when implementations took place. (Please use a separate sheet of paper).

5. Please describe the applicant's pre-employment screening practices and employment physicals required of new hires: _____

6. Does the applicant use the services of the marine index bureau? Yes _____ No _____
7. Are safety and training programs a fully budgeted item? Yes _____ No _____
8. Please describe in detail the company's orientation, safety and training programs (including manuals provided) for new hires: _____

9. Are safety meetings held on a regular basis? Yes _____ No _____ If yes, how often? _____
10. Health care plan or policy in effect for the crew? Yes _____ No _____
11. Maritime employer's liability policy in effect? Yes _____ No _____ If yes, Please state limit: _____
12. Please describe applicant's maintenance program for vessels and equipment including any self-inspection program: _____

DETAILS ON CREW / EMPLOYEES/ OTHERS

1. Total number of crew employed: _____
2. Max. number of crew working at A.O.T.: _____
3. Personnel turnover per year: _____% Licensed Personnel _____% Deckhands
4. Does the crew work on a "Time Shift" basis? Yes _____ No _____
5. If the crew works on a "Time Shift" basis, please specify: Period of time for each "shift": _____
No. of "shifts" in any one 24 hour day: _____ No. of crew assigned to each "shift": _____
6. Does the crew from one shift remain onboard after being relieved from the next "shift"? Yes _____ No _____
7. Total annual payroll for crew: _____
8. Number of employees typically onboard other than crew: _____
9. Describe the circumstances under which these other employees are onboard the applicant's vessels: _____

10. Are there any other "third party" personnel quartered on or working from the scheduled vessels? Yes _____
No _____ If Yes, describe whom and the circumstances why? _____

LOSS HISTORY

Please list all reported incidents for the previous five (5) years. The list must include ALL previously Closed Claims, included the Closed without payments, ALL incidents whether an "Estimate of Loss" has been set or not, and ALL other Claims where an estimate has been set and/or payments made. All figures should contain Legal Fees and Expenses.

Note: the information above must be reported for ALL vessels operated by the Applicant/Assured and/or Affiliated companies for the previous five (5) years, whether or not the vessels appear on the attached schedule and displayed in the format outlined below:

STATE FOLLOWING PER POLICY YEAR

Policy Year: _____ To: _____ Name of Insurer: _____

Number of vessels operated in this year: _____ Number of crew applicable to this year: _____

Date of Loss	Status Open/Closed	Description of Loss	Net Paid Amount	Net Reserve Amount	Applicable Deductible

Attach an additional sheet if needed

VESSEL DETAILS

Note: This "Vessel Details" section should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be added during the policy year should be submitted in a similar format

Vessel Name:	Date Acquired:	Year Built:	Type of Vessel:	Dimensions
Construction Material:	Is Vessel Motorized or Self-Propelled:	No. Of Crew:	No. of Other Employees:	
Is Vessel Owned, Leased or Rented:	Insured/Agreed Value:	Is Vessel Used to Carry Passengers? If "Yes", specify U.S.C.G. Passenger Limitation:		

IS VESSEL EQUIPPED WITH?

- 1. Non-Skid Paint or Surface on Deck and on all Ladders: Yes _____ No _____
- 2. Fire extinguishing and safety equipment meeting U.S. Coast Guard Standards: Yes _____ No _____

If "No", Please explain why not: _____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement(s) will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date

Signature of Agent

Date