



HULL & MACHINERY INSURANCE APPLICATION

Applicant's Name: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Nature of Business _____

Policy Term: _____

Loss Payable: _____

Subject-Matter Insured

Vessel Name	Insured Value	Year Built	Ship Type	Passenger Capacity
1)				
2)				
3)				
4)				

Area of Navigation: _____

Period of Navigation: _____

Vessel Last Surveyed: _____

Name of Surveyor: _____

Where Laid-up and out of Commission: _____

Has the vessel been overhauled, converted or modified in any way? YES NO

Provide details: _____

Machinery Particulars

Make: _____ Model: _____ Number Installed: _____

HP – each: _____ Fuel Used: _____ Year Built: _____

Details of Current Insurance

Insurer: _____

Have you ever had your vessel insurance declined YES NO or cancelled YES NO

Coverage required and Sums to be Insured:

Third Party Liability Limit Required: _____

Deductible Desired On: Hull: _____ Liability: _____

Loss History (Five Years)

Year	Details of Loss	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



OWNER'S/SKIPPER'S QUESTIONNAIRE

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

1. Name of Owner/Skipper: _____
2. Address: _____
3. How long have you been captaining/crewing? _____
4. Certificates/Qualifications Held: _____
5. Details of Previous Vessels Owned/Skippered/Crewed On in the last 5 Years:
Use separate sheet if required
6. Claims/Loss Record of Skipper for the Last 5 Years on All Vessels Operated.

YEAR	DETAILS OF LOSS	AMOUNT OF CLAIM

BROKER ACKNOWLEDGMENT

The undersigned acknowledges that any personal information contained in this application has been collected in accordance with all applicable privacy legislation.

The undersigned confirms that it has obtained the necessary consents to the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Broker

Signature of Applicant

Address

Title

Date

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.