



# 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 : \_\_\_\_\_

3. Mortgage(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:  Yes  No

Certificate number(s): \_\_\_\_\_

Crew members licenced?  Yes  No

Number of crew: \_\_\_\_\_

Experience of operator:

Number of Passengers usually carried: \_\_\_\_\_ Maximum permitted: \_\_\_\_\_

Will vessel be towed?  Yes  No

Describe towing vessel: \_\_\_\_\_

Principal Activities: \_\_\_\_\_



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

Is third party cargo carried?  Yes  No

If Yes, please provide a copy of the contract of carriage / Bill of lading.

Protection & Indemnity Limit Required: \$

**VESSEL # 2**

Navigation limits: \_\_\_\_\_

Navigation season: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe layup locations:

D.O.T approved:  Yes  No

Numéro de certificat(s) : \_\_\_\_\_

Crew members licenced?  Yes  No

Number of crew: \_\_\_\_\_

Experience of operator:

Number of Passengers usually carried: \_\_\_\_\_ Maximum permitted: \_\_\_\_\_

Will vessel be towed?  Yes  No

Describe towing vessel: \_\_\_\_\_

Principal Activities: \_\_\_\_\_

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

Is third party cargo carried?  Yes  No

If Yes, please provide a copy of the contract of carriage / Bill of lading.

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.

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY : \_\_\_\_\_

EMAIL : \_\_\_\_\_

**For contact information visit:  
[www.april.ca](http://www.april.ca)**