



## COMMERCIAL LOBSTERBOAT HULL/P&I APPLICATION

**Coverage can be quoted but not bound without a signed Application at time of binding.**

### GENERAL INFORMATION

If accepted, what is the desired effective date? \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Port where boat moored: \_\_\_\_\_

Contact Name for Condition and Value Survey: \_\_\_\_\_

Phone Number for Condition and Value Survey Contact: \_\_\_\_\_

Lay-up Period: \_\_\_\_\_

Lay-up Location: \_\_\_\_\_

When was Vessel Last Surveyed? \_\_\_\_\_

By Whom was Vessel Last Surveyed? \_\_\_\_\_

Date of Last Haul Out? \_\_\_\_\_ Where? \_\_\_\_\_

What work was done? \_\_\_\_\_

Is boat operated by owner?  Yes  No

If No, name of captain: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Number of Years owning/operating Lobsterboats? \_\_\_\_\_

Boat is used from \_\_\_\_\_ to \_\_\_\_\_ for lobstering

and from \_\_\_\_\_ to \_\_\_\_\_ for what other type of fishing?

Six Pack Charters  Yes  No If Yes, attach separate sheets with details.

### LOSSES

Loss Experience (past three years including any uninsured losses) \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

If no losses, check this box



**HULL**

Name of Boat: \_\_\_\_\_

Builder: \_\_\_\_\_

Year Built: \_\_\_\_\_ Length: \_\_\_\_\_

Hull Material: \_\_\_\_\_ Hull # \_\_\_\_\_

Agreed value/amount insured: \_\_\_\_\_

Is Breach of Warranty Required?  Yes  No

If Yes, please provide Name/Address of Mortgagee as well as Current Amount of Mortgage:

\_\_\_\_\_  
\_\_\_\_\_

Loss Payee: \_\_\_\_\_

Is tender coverage desired?  Yes  No

Tender/Outboard Description/Value: \_\_\_\_\_

**ENGINE**

Year: \_\_\_\_\_ Horse Power: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Mfg./Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Current number of engine hours: \_\_\_\_\_

Is the boat equipped with a functioning hour meter?  Yes  No

Date engine was last overhauled? \_\_\_\_\_ By whom? \_\_\_\_\_

Is engine equipped with high temperature/low oil pressure alarms?  Yes  No

**PROTECTION AND INDEMNITY**

Is this coverage desired?  Yes  No

Number of crew to be covered: \_\_\_\_\_

Is Captain/Owner being covered and included in the crew count?  Yes  No

Limit of Liability desired:  \$50,000  \$100,000  \$300,000  \$500,000  \$1,000,000

**EQUIPMENT**

Check all that are applicable:

Fire extinguisher(s)  Automatic fire alarm system  Loran  Survival suits

Built-in Co2  Automatic pilot  Radar  Other \_\_\_\_\_

VHF  Depth sounder/recorder  GPS

SSB  EPIRB  Electronic chart

**MISCELLANEOUS**

Has any company refused or canceled any similar insurance applied for or in force during the past five years?  Yes  No

Present Insurance Company: \_\_\_\_\_

Present Agent: \_\_\_\_\_

Current Premium: \_\_\_\_\_

Direct Bill Payment Plan desired:  Full Pay  4-Pay  10-Pay  EFT (If selected, please attach EFT form.)



**CONSUMER PROTECTION INFORMATION**—We may, as a part of our underwriting procedure for processing applications for insurance, or in updating or renewing it, order an investigative report whereby information as to your driving record, character, general reputation, personal characteristics, and mode of living, whichever is applicable, is obtained from persons other than you. If such a report is ordered, further information on the nature and scope of the investigation is available to you upon written request.

**FRAUD WARNING (Required by Law in Certain States):** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**DISCLOSURE OF MATERIAL FACTS**—Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the term should be, or what premiums to charge. Failure to do so may render the insurance voidable from inception and enable the company to repudiate liability.

**APPLICANT'S STATEMENT:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

\* Signed application required within three business days of binding and should be emailed or faxed to [mhamblem@isr-insurance.com](mailto:mhamblem@isr-insurance.com) or 207-244-7233