

COMMODORE

Registered in the British Virgin Islands by the Financial Services Commission under licence 2004CA10

Commodore Insurance

Company Limited

Road Town, Tortola,
British Virgin Islands

Tel: 284 494-8925
Fax (661) 420-8602

HULL & MACHINERY/P&I APPLICATION									
Name of vessel									
Type of vessel									
Name of Assured									
Name of all Owner(s) & Principal(s)									
Years in business		Tel		Fax					
Other telephone		eMail							
Complete address of Assured									
Additional Named Assured (if any)									
Lienholder/Mortgagee (if any)									
Please provide complete details of the nature and extent of the Assureds operation, including those of any Subsidiary and/or Affiliated Companies which Assured is currently associated with									
Registration #		Flag							
Class Society & Classification									
Did the vessel complete annual USCG Safety Inspections				YES / NO / NA					
(Circle the accurate response)				Did the vessel		PASS / FAIL / NA			
Vessel built by									
Vessel built where									
Vessel Year		Length		Beam		Draft			
Vessel Net Tons (NT)		Vessel Gross Tons (GRT)							
Is GRT measured under the 1969 Tonnage Convention?				YES / NO					
Construction material		Hull type							
Was vessel purchased NEW / USED (circle)				Purchase price					
Date of purchase		Current survey value							
Vessel max. speed		Number of watertight compartments							
List all electronics									
Make of main engines		Model							
Port Serial #		Starboard Serial #							
Horsepower each		Fuel		Fire system HALON/CO2					
List all Tenders/Liferafts (make, model, year, motors)									
Navigational limits required:									

BVI Mailing address: POB 3169, PMB 270, Road Town, Tortola, British Virgin Islands
US Mailing address: POB 305498, PMB 270, St. Thomas, USVI 00803

Registered office: Simmonds Building, Wickham's Cay, POB 461, Road Town, Tortola, British Virgin Islands
Service office: Columbus Centre, Road Town, Tortola, British Virgin Islands

COVERAGE REQUIRED		
Section	Limit	Deductible
Hull & Machinery		
P&I Limit		
Removal of Wreck		
Pollution		
Total Loss only	YES / NO	
Passenger Liability		Number of passengers
Crew Liability		Number of crew
Loss of Freight Income		
Cargo Legal Liability		
Excess Collision Liability		
Excess Towers Liability		
War Risk		
Loss of Earnings		
Other (specify)		
Additional underwriting information		
<i>If Cargo Legal Liability required please indicate</i>		
a) Details of cargo carried		
b) Conditions of carriage used or Bills of Lading issued		
<i>If Crew Liability required please provide</i>		
a) Number and Nationality of Officers		
b) Number and Nationality of Crew		
c) Basis of crew employment/Contract		
<i>If Passenger Liability is required</i>		
a) Are Passengers issued a Standard Passenger Ticket?		YES / NO
b) If yes please provide details or attach a copy of both sides of the ticket		
<i>If Collision Liability required indication will be on 4/4ths basis unless otherwise indicated in the space below</i>		
<i>Is the vessel a Tank Vessel?</i>		YES / NO
If so; Is the vessel engaged in the carriage of persistent oils?		YES / NO
If so; what is the vessels configuration (double bottomed, etc.)		
<i>Is the vessel under charter or similar contract?</i>		YES / NO
If so; please provide complete details		
<i>Is the vessel owned by the Assured?</i>		YES / NO
If not; please advise the Assured's/Applicants relationship with the owners		

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Loss information		Complete this section for all vessels unless a H&M and/or a P&I insurer's loss run is attached	
IMPORTANT NOTE-READ CAREFULLY- Please list all reported incidents for the previous five (5) years. The list must include ALL previously closed claims, including those closed without payment, 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. The list must include all vessels owned or operated by the applicant during the five year period.			
Year DD/MM/YYYY		to	DD/MM/YYYY
Vessel	Date of loss	Paid	Reserved
Details of loss:			
Vessel	Date of loss	Paid	Reserved
Details of loss:			
Vessel	Date of loss	Paid	Reserved
Details of loss:			
Vessel	Date of loss	Paid	Reserved
Details of loss:			
Vessel	Date of loss	Paid	Reserved
Details of loss:			
Vessel	Date of loss	Paid	Reserved
Details of loss:			
Vessel	Date of loss	Paid	Reserved
Details of loss:			

I/we hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief. It is my/our understanding that Underwriters shall rely on the information and representations listed above and herein to determine the acceptability, rates and conditions of coverage.

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It is understood my/our misrepresentations or omissions shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further noted, understood and agreed that the Assured and/or Applicant is under a continuing obligation to immediately notify Underwriters of any material alteration or change to the nature, extent or size of his operation described herein.

I/we agree this application/proposal shall be attached to and form part of the policy should one be issued.

This application/proposal for insurance consists of five (5) pages plus additional schedules for other vessels.

Signed this day of 20____ at	
Authorized signatory for Assured/Applicant	X
Title or Position	