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| Name of Applicant <input style="width: 100%; height: 20px;" type="text"/> Applicant Address <input style="width: 100%; height: 20px;" type="text"/> City State Zip <input style="width: 200px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 80px; height: 20px;" type="text"/> | Attachment/ Expiration Dates <input style="width: 100%; height: 20px;" type="text"/> to <input style="width: 100%; height: 20px;" type="text"/> Limit Requested <input style="width: 100%; height: 20px;" type="text"/> Deductible <input style="width: 100%; height: 20px;" type="text"/> P&I Carrier & Limits Wreck Removal Included? <input type="radio"/> Yes <input type="radio"/> No <input style="width: 100%; height: 20px;" type="text"/> Hull Carrier & Limits Is Sue & Labor/Salvage included? <input type="radio"/> Yes <input type="radio"/> No <input style="width: 100%; height: 20px;" type="text"/> Please Specify: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both Current Pollution Carrier Expiring Premium <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> |
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Description of Operations

Navigation Limits/Trading Area

Vessels to be Insured

| Name | GRT | Yr Blt / Reblt | Description/Type | Construction | Fuel Capacity | Hull Value |
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Attach additional pages if necessary.

Does Applicant Own/Tow Tank Barges? Yes No **If Yes, specify cargo.**

Vessel(s) Carry CERCLA/Hazardous Substances As Cargo? Yes No **If Yes, specify cargo.**

For Dredges: Does assured select site of spoil disposal? Yes No **If Yes, please describe.**

Transship Or Lighter Oil/Hazardous Substances To Other Vessels/Facilities? Yes No If Yes, please describe.

Do Any Scheduled Vessels Require COFR? Yes No If yes, provide existing COFR # or USCG-5585

Does Any Vessel To Be Insured Fly Flag Other Than US Yes No

Flag? Five Year Hull/P&I/Pollution Loss History

Please State Any Additional Special Coverage/Endorsement Requirements

Describe relevant industry affiliations, safety and maintenance programs and spill response plans/preparation/training:

Name of Producer

Producer Address

City

State Zip

Producers Signature

Date

Applicants Signature

Date