

Continental Underwriters, Ltd.

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COMMERCIAL VESSEL POLICY APPLICATION (Form UW-X)

1. GENERAL INFORMATION

A. Full Name of Applicant, Principal(s) And/Or Owner(s):

B. Insured's Physical Address and Mailing Address:

C. Insured's Phone Number:

D. Name and Phone Number of Contact Person for Inspections:

E. Applicant's Email Address (If Any): _____

F. Time Period Applicant Has Traded And Operated Vessels: _____ Years

G. List All Previously Owned And/Or Associated And/Or Affiliated Maritime Related Companies That Applicant Has Been Involved In:

H. Has The Applicant And/Or Its Affiliated Companies Been Involved In Bankruptcy

Proceedings? _____ Yes _____ No

I. Provide Full Details Of The Nature And Extent Of The Applicant's Operations:

J. Does the applicant do anchor handling? _____ Yes _____ No

K. Does the applicant do rig towing? _____Yes _____No

If Yes, please explain:

L. Does the assured have a hurricane preparedness plan? _____Yes _____No

2. CURRENT POLICIES

A. Has The Applicant And/Or Affiliated Companies Been Denied Coverage Or Been Subject To Cancellation By Underwriters? _____Yes _____No

If Yes, Provide Details:

B. Name of Current Underwriters: _____

C. Expiration Date Of Current Policy: _____

D. Current Hull & P&I Deductibles: _____

E. Current Hull & P&I Premiums: _____

3. OPERATIONS/CREW/EMPLOYEES

A. Total Gross Receipts For Last 12 Month Period: \$ _____

B. Total Gross Payroll For The Last 12 Month Period: \$ _____

C. Total Gross "Jones Act" Payroll For Last 12 Month Period: \$ _____

D. Total Number of Crew Employed By The Applicant: _____

E. Maximum Number of Crew Working On Applicant's Vessels At Any One Time: _____

F. Does The Crew From One Shift Remain On Board After Being Relieved By The Next Shift?
_____Yes _____No

G. Are There Any Third Party Personnel Quartered On Or Working From The Scheduled Vessels? _____ Yes _____ No

If Yes, what are the average number at any one time: _____

4. OTHER INFORMATION

A. Navigation Limits Requested: _____

B. P&I Limit of Liability Requested: \$ _____

C. Does Applicant Have A Company Brochure? _____ Yes _____ No

If Yes, Please Provide A Copy.

5. LOSS EXPERIENCE – P&I AND HULL & MACHINERY

List All Reported Incidents For The Previous Five Years. The List Must Include All Previously Closed Claims, Including Those 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. (N.B. – All Figures Should Contain Legal Fees And/Or Expenses.) Specify Also The Date At Which The Claim Reserve And/Or Last Review Took Place.

The Above Information Must Be Reported In The Format Below For All Vessels Operated By The Assured And/Or Affiliated Companies For The Previous Five Years, Whether Or Not The Vessels Appear On The Schedule Of Vessels (See Section (6)):

Date Of Loss	Vessel	Paid Amount	Reserved Amount	Details of Loss

6. SCHEDULE OF VESSELS

A. Does the applicant’s vessel(s) have Anti Collision Radar? _____ Yes _____ No

If Yes, are personnel trained in the proper usage? _____ Yes _____ No

