

Please Fax Completed Application To
832-201-9806
Office: 866-TEXAS-45
Texas Partners Insurance Group
25329-I-45 N., Suite 101
The Woodlands, TX 77380



U.S. RISK LP

11200 Richmond, Suite 600 Houston, Texas 77082
Direct Telephone (281) 249-4917 Watts 1-800-833-8803 Fax (281) 679-9226

APPLICATION - HULL COVERAGE

Date: _____ Proposed Effective Date of Coverage: _____

1. Applicant: _____
Address: _____
2. Vessel Name: _____
3. Official No.: _____
4. Year originally built: _____ Year Rebuilt, if applicable: _____
5. Vessel Type: _____
6. Gross Tons: _____
7. Hull material: _____
8. Length: _____ Beam: _____ Depth: _____
9. Main engines: _____
10. Number of Crew: _____ Number of Passengers: _____
11. Area of navigation: _____

12. Description of Operations: _____

13. Date of most current survey: _____
14. Current Value: _____
15. Hull insurance limit requested: _____
P&I insurance limit requested: _____
16. Five (5) year claims history: _____

Attach separate sheet if necessary.

Signature of Applicant

Date Signed

