

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

LONDON MARKET PROTECTION AND INDEMNITY INSURANCE APPLICATION FORM
Revised 1st of June, 1993

Section I - Producing Agent/Broker:

Name of Retail Agent: _____

Is Retail Agent License in the State of the Applicant? Yes / No

Is this a new account to the Agent? Yes / No

If No, how many years has account been held? _____ Years.

Section II - Applicant:

Applicant's name and address:

Name of principal(s) and/or owner(s): _____

Period Applicant has operated vessels? _____ Years.

Period of time Applicant's company named herein has been trading?
_____ Years.

Please list ALL previously owned and/or associated and/or affiliated maritime related companies that Applicant has been involved in: _____

Has the Applicant and/or its affiliated companies been involved in bankruptcy proceedings? Yes / No

If Yes, please specify details on separate sheet.

Please provide full details of the nature and extent of the Applicant's operations, including those of any subsidiary and/or affiliated companies which Applicant is currently associated with:

Specify navigational limits required: _____

Limit of coverage required: \$ _____

Period of coverage required: _____ months.

If a tank barge operator, please attach details of O.P.A. compliance plan.

Section III - Current Policies:

Has the applicant and/or affiliated companies been denied coverage or been subject to cancellation by Underwriters? Yes / No

If Yes, please provide details: _____

Is a Personal Accident Policy/Health Care Plan in force? Yes / No

Is a separate Maritime Employer's Liability policy in force? Yes / No

Is a Comprehensive General Liability policy in force? Yes / No

If Yes, i) is the 'watercraft exclusion' deleted? Yes / No
ii) is 'contractual cover' included? Yes / No

Name of current P & I Insurer: _____

Number of years insured by current Insurer: _____ Years.

Date of P & I policy expiration: _____

Section IV - Loss Prevention:

Have the Applicant's operations been subject to an independent safety audit? Yes / No

If Yes, please give details of audit and recommendations, including whose advisory services were used and date when implementation took place (please use separate sheet).

Section V - Crew/Employees/Others:

Total number of employees employed by Applicant, inc. crew: _____

Total gross receipts for last 12 month period: \$ _____

Total gross payroll for last 12 month period: \$ _____

Total gross 'Jones Act' payroll for last 12 month period: \$ _____

Total number of crew employed by the Applicant: _____

Max. number of crew working on Applicant's vessels A.O.T.: _____

Do the crew work on a 'time shift' basis? Yes / No

If Yes, specify: A) period of time for each 'shift': _____
B) number of 'shifts' in any one 24 hour day: _____
C) number of crew assigned to each 'shift': _____

Do the crew from one 'shift' remain on board after being relieved by the next 'shift'? Yes / No

Are the crew issued a the 'Deck Hand Manual'? Yes / No

Section V (continued)

Please specify crew names, their appointed crewing positions and the period of time for which they have been employed by the Applicant's stating details of any Licenses held by those persons navigating Applicants vessels (please use separate sheet if necessary):

<u>Name</u>	<u>Position</u>	<u>Licenses</u>	<u>Date of Employment</u>
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Please give details of any pre-employment program carried out by the Applicant for any new crew: _____

Are the above carried out for ALL newly appointed employees: Yes / No

If Yes, are the records available for scrutiny: Yes / No

Are the crew employed through Crewing Agencies / Labor Pools? Yes / No

Number of employees on board other than crew specified herein: _____

Describe the circumstances under which these other employees are on board Applicant's vessels: _____

Are there any 'third party' personnel quartered on or working from the scheduled vessels? Yes / No

Describe the circumstances under which these 'third party' personnel are on board Applicant's vessels: _____

If Yes, please give details of work carried out by them and the insurance requirements of your contract (which if written, please provide copy).

Section VI - Vessel Details:

Vessel name: _____ GRT: _____ Year Built: _____

Type of Vessel: _____ Construction material: _____

Dimensions: _____ Does vessel carry Cargo? Yes / No

In which Classification Society is vessel entered? _____

Is vessel owned by Applicant? _____ Date purchased: _____

Is vessel under charter or similar contract? Yes / No

If Yes, please give details: _____

Please specify ownership details: _____

Date of last engine overhaul: _____

Insured Value: \$ _____ Hull Policy Form _____

Number of crew: _____ Number of other employees: _____

Is this vessel used to carry passengers: Yes / No

If Yes, specify U.S. Coast Guard passenger capacity limitation: _____

Are passengers issued with a Standard Passenger Ticket? Yes / No

If Yes, please give details: _____

N.B. This vessel detail schedule should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be attached during the year should be submitted in a similar format.

Section VII - Loss Information:

Please list all reported incidents for the previous FIVE 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 C-aims where an estimate has been set and/or payments made (N.B. all figures should contain Legal Fees and Expenses). Specify also the date at which the claim reserve and/or last review took place.

The above information must be reported for ALL vessels operated by the Assured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule and displayed in the format set out below

YEAR: _____ to _____ Name of Insurer: _____

Number of vessels operated in this year: _____ Vessels: _____

Number of crew applicable to this year: _____ Crew: _____

Vessel utilization applicable to this year: _____ % _____

CLAIMANT'S NAME	D.O.L.	VESSEL	PAID AMT	RESERVED AMT	RESERVE/ REVIEW DATE	DETAILS OF LOSS
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Section VIII - General:

Cargo: _____

Does the Applicant require Ship Owner's Liability to Cargo? Yes / No

If Yes, A) Specify types of cargo carried: _____

B) Specify maximum values per shipment: _____

C) Specify limit of liability required:

Please give details of Standard Contract of Carriage: _____

Contractual: _____

Please give details of all contractual obligations the Applicant might incur as they relate to this

requested insurance: _____

Please attach company brochure, if any.

I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentations or omissions shall constitute ground for immediate cancellation of coverage and denial of claims, if any.

It is further noted and understood that the Applicant is under a continuing obligation immediately to notify his Underwriters of any material alteration to the nature, extent or size of his operation as described herein.

It is further understood that this application shall be attached to and form part of the policy should one be issued.

Signed: Applicant _____

Title _____

Date: _____