

**Worldwide Facilities, Inc.**  
**Marine Dept.**  
**725 S. Figueroa St., Ste. 1900**  
**Los Angeles, CA 90017**

Hull And Protection & Indemnity Insurance – Commercial Vessels

Name of Applicant: \_\_\_\_\_  
 Owners: \_\_\_\_\_  
 Occupations(s): \_\_\_\_\_  
 Business Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Mortgagee: \_\_\_\_\_  
 Mortgagee's Address: \_\_\_\_\_

**HULL COVERAGE**

Name of Vessel	Year Built	Gross Ton.	Material Of Hull	Type of Propulsion & H.P.	Type of Vessel	Length & Beam	Date of Last Drydock	Desired Amount of Insurance

**PROTECTON & INDEMNITY COVERAGE**

Name of Vessel	Type of Cargo Carried	No. Crew (excl. Owner)	Max No of Passengers Cert. By U.S.C.G.	Liability of Vessels & Cargo in tow desired	Desired Amount of Insurance

**GENERAL DESCRIPTION OF OPERATION**

Type of work employed in:  
 Experience of Employee's and Licenses:

\_\_\_\_\_  
 Towboats only: Type and number of vessels in tow and copy of towage contract:

\_\_\_\_\_  
 Non-propelled Vessels: Give details of tower and copy of towage contract:

\_\_\_\_\_  
 Are Towers released? \_\_\_\_\_ By whom? \_\_\_\_\_

Navigation limits required: \_\_\_\_\_

Is Watchman Service Provided? \_\_\_\_\_

Where can vessel(s) be inspected? \_\_\_\_\_

\_\_\_\_\_

Is vessel(s) ever Laid-up? \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Is the Vessel operated by Owner? \_\_\_\_\_

FIVE YEARS LOSS RECORD-All vessels owned or operated by the Assured including vessels sold or lost.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt of Loss before any deductible	Current Status Paid or Outstanding

**SPECIAL INFORMATION**

Does this placing include all vessels operated by the Assured or affiliated or subsidiary companies? \_\_\_\_\_

If not, explain: \_\_\_\_\_

Present Insuring Company \_\_\_\_\_ Provide copies of current policies if available? \_\_\_\_\_

Has any company ever cancelled insurance for this owner? \_\_\_\_\_

If "yes", with what Company and on what terms? \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date \_\_\_\_\_, 20\_\_\_\_  
: \_\_\_\_\_

Signature of Applicant

**QUESTIONS TO BE ANSWERED BY AGENT**

Is the Owner well and favorably known to you? \_\_\_\_\_

Do you unqualifiedly recommend the moral and physical risk? \_\_\_\_\_

AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_