



Supplemental Application: Fleeters

(Please Check One)

New **Addition** **Renewal**

NAMED ASSURED(S) / INTEREST:	REQUESTED EFFECTIVE AND EXPIRATION DATE OF INSURANCE:
LOCATION(S)/ADDRESS: [SHIPYARD / MARINA / FLEETERS)	REQUESTED LIMIT OF INSURANCE:
<p>1. Please provide the maximum number and average number of vessels at each location at any given time for repair, construction, deconstruction and/or sale. Please provide detail on each including type of vessels, tank/non tank, size of vessels (GT/Dimensions).</p>	
<p>2. Please provide a brief summary of work.</p>	
<p>3. Does Applicant operate or move any of the vessels at the Applicant's location(s)? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe.</p>	
<p>4. Does Applicant have a spill management plan? <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>5. Does Applicant require vessels in their CCC have minimum insurance? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:</p>	
<p>6. Does Applicant have any "Other" pollution insurance? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:</p> <p style="margin-left: 20px;">MGL/GL with S&A Pollution? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:</p> <p style="margin-left: 20px;">Environmental Pollution Policy? <input type="radio"/> Yes <input type="radio"/> No If yes please describe:</p>	
<p>7. Does Applicant contract any work to third parties? <input type="radio"/> Yes <input type="radio"/> No If yes, are contractors required to have a General Liability policy with a Sudden and Acudental Pollution Endorsement?</p>	
<p>8. Does the applicant perform or contract any vessel/tank cleaning? <input type="radio"/> Yes <input type="radio"/> No If so, please describe:</p>	

9. Do third party vessel owners/operators use the premise for any other operations? Yes No

Please list all reported incidents for the previous five years. The list must include all currently open claims, showing payments and reserves, if any, and closed claims on which any payment was made. All figures should include legal fees and/or expenses. The above information must be reported for all vessels operated by Applicant and/or affiliated companies for the previous five years, whether or not the vessels appear on the schedule of vessels for which insurance is being requested, and should be uploaded in Excel format. ([click to upload](#))

- The applicant warrants that the information provided above is complete and accurate. Applicant understands that Underwriters shall rely upon the information and representations provided above in determining the acceptability, rates and conditions of coverage.
- It is understood that any misrepresentation or omission shall constitute grounds for immediate avoidance of or cancellation of coverage and denial of claims, if any.
- Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Additional Comments: