



Atlantic Specialty Lines, Inc.

HULL INSURANCE APPLICATION

(Please complete for each vessel to be insured)

Name of Applicant: _____

Address of Applicant: _____

Name and Description of Vessel: _____

Dimensions of vessel: _____

Where was vessel Built: _____ Manufacturer: _____ Date Built: _____

Rebuilt: _____ Material: _____ Steel: _____ Fiberglass: _____

Make of Engines: _____ Built: _____ Rebuilt: _____ H.P.: _____

Type of Service: _____

Home Port: _____ Official Number: _____ Waters Navigated: _____

Is Vessel Laid Up During Year? YES NO Where? _____

Length of Navigation Season: _____

Cost New: \$ _____ Replacement Cost: \$ _____ Purchase Price: _____

Date Purchased: _____

Amount of Insurance Desired \$ _____

Date of last haulout: _____

Date of most recent survey (please attach): _____

Applicant's Experience and Reputation: _____

FIVE YEAR PREMIUM AND LOSS RECORD

YEAR	GROSS PREMIUM	LOSSES PAID **	LOSSES OUTSTANDING
TOTAL			

** (Please describe all losses paid or outstanding in excess of \$ 5,000)

DESCRIBE SPECIAL FEATURES: _____

INSURANCE DESIRED:

- Navigating
- Port Risk
- I.V. or excess

Deductible: \$ _____

LOSS PAYEE: _____

_____ Insured's signature

_____ Date