



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
5620 Smetana Drive, Suite 225
Minnetonka, MN 55343-9611
Phone: (952) 938-0655
Toll Free: 1-800-862-6038
Fax: (952) 938-0701

OCEAN MARINE PROTECTION AND INDEMNITY APPLICATION

Section I - Producing Agent / Broker

Name of Agent: _____

Is this a new account to the agent: YES NO

If no, how many years has account been held: _____

Section II - Applicant

Applicant's name: _____

Applicant's Address: _____

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

Years applicant has operated vessels: _____

Has the applicant and/or its affiliated companies been involved in bankruptcy proceedings:
 YES NO

If yes, please specify details: _____

What is the nature of the Applicant's operations: _____

Specify navigational limits required: _____

Limit of coverage required: \$ _____

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

Section III - Current Policies:

Has the applicant and/or affiliated been denied coverage or subject to cancellation by Underwriters?
 YES NO

If yes, please provide details: _____

Is a Personal Accident Policy or Health Care Plan in force: YES NO

Is a Maritime Employer's liability policy in force: YES NO

Is a Comprehensive General Liability policy in force: YES NO

Is the watercraft exclusion deleted: YES NO

Name of current P & I Insurer: _____

Number of years insured by current Insurer: _____

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 of recommendations took place:

Section V - Crew / Employees / Others

Total number of crew: _____ Maximum number of crew working AOT: _____

Crew Names	Appointed Positions	Date of Employment	Licenses Held

Does the crew work on a time shift basis: YES NO

If Yes, please specify:

Period of time for each shift: _____

Number of shifts in any one 24 hour day: _____

Number of crew assigned to each shift: _____

Does 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

Please give details of any pre-employment programs carried out by the Applicant for new crew members: _____

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:

Are such third party personnel quartered on or working from the scheduled vessels under a contract:

YES NO

If yes, please give details of work carried out by them and insurance requirements of your contract (if written, please provide copy of contract): _____

Section VI - Vessel Details

Vessel Name	GRT	Year Built	Type	Construction	Dimensions	# of Crew	# of Passengers

Number of Employees on board other than crew: ____ Under what circumstances: ____

Any third party personnel quarter or working from scheduled vessels: YES NO

If yes please describe: ____

Total number of crew employees all vessels: ____ Annual crew Payroll: \$ ____

Is Ship Owners Liability to Cargo required: YES NO

If yes, what type cargo carried: ____

Maximum value per voyage: \$ ____ Limit of Liability required: ____

Please attach Contract of Carriage.

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. All other Claims where an estimate has been set and/or payments made (all figures should contain Legal Fees and Expenses). This information must be reported for ALL vessels operated by the insured 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.

Claimant's Name	Date Of Loss	Vessel	Amount Paid	Reserved Amount	Open/Closed	Details Of Loss
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

Section VIII - General and Application Information Warranty

Please give details of all contractual obligations the applicant might incur as they relate to the insurance requested: _____

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 my/our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability, rates and conditions of coverage. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that this application shall be attached to and form part of the policy should one be issued.

Signature of Applicant

Title

Date