Commonwealth Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

(Please complete for each vessel to be insured) C

Name and Address of Applicant.....

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Name and Description of Vessel.....

Dimensions.....Where Built.....By.....

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..... 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.....

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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 (use reverse side if necessary)

INSURANCE DESIRED

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

Deductible $.....

LOSS PAYEE:

Insured's signature Date