

**TCA, INC. MARINE VESSEL PORT RISK APPLICATION**

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- 1. Vessel Owner (Applicant) \_\_\_\_\_ Occupation \_\_\_\_\_
- 2. Owner's Address \_\_\_\_\_
- 3. Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
- 4. Mortgage(s) and Address \_\_\_\_\_ Amt of Mortgage \$ \_\_\_\_\_
- 5. Name of Vessel \_\_\_\_\_ Vessel Type \_\_\_\_\_ Year Built \_\_\_\_\_
- 6. Vessel Length \_\_\_\_\_ Vessel Beam \_\_\_\_\_ Vessel Draft \_\_\_\_\_
- 7. Vessel Hull Construction \_\_\_\_\_ Built By and Where \_\_\_\_\_
- 8. Details of Lay-up Location \_\_\_\_\_
- 9. Reason for Lay-up \_\_\_\_\_
- 10. Date Purchased \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Purchase Price \$ \_\_\_\_\_
- 11. Official Number \_\_\_\_\_ Gross Tons \_\_\_\_\_
- 12. Make of Engine(s) \_\_\_\_\_ H.P. \_\_\_\_\_
- 13. Date vessel was last surveyed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By Whom \_\_\_\_\_
- 14. Has your insurance ever been canceled or non-renewed on this, or any other, vessel you've owned or operated in the last five years: (circle) YES or NO  
If YES, explain \_\_\_\_\_
- 15. Amount of Insurance needed:  
H&M Limit \$ \_\_\_\_\_ P&I Limit \$ \_\_\_\_\_  
Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Further Information for Underwriters:

I, the Applicant, as owner of the Vessel described on this Application, warrant that the information contained in this Application and the documents attached are true, correct and complete to the best of my knowledge. I understand the information provided in this Application and any documents attached are the basis for the Insurer(s) providing such insurance. I fully understand that if I have concealed or misrepresented any material fact or circumstance in this this Application, the documents attached to this Application, and/or other documents required by the Insurer(s) providing my insurance as a condition to the issuance of insurance coverage, whether before or after the loss, shall entitle the Insurer(s) to void my policy from its inception and forfeit all coverage. I further understand that the entire policy shall be void and coverage forfeited, which otherwise was effective, if I have engaged in fraud or false swearing touching on any matter relating to this Application, the issuance of this insurance or any claim for insurance coverage as a result of a loss, whether before or after the loss.

\_\_\_\_\_  
Signature of Applicant or the Applicant's Authorized Signatory

\_\_\_\_\_  
Date