



ALL RISKS, LIMITED – National Specialty Programs
 10150 York Road, 5th Floor, Hunt Valley, MD 21030
 Toll Free: (800) 366-5810
 Fax: (410) 828-8179
 Contact us at: programs@allrisks.com
www.allrisks.com

SMALL OPERATORS PROGRAM APPLICATION

AGENT NAME:: _____

AGENT ADDRESS:: _____

CITY: _____ **STATE / ZIP:** _____

INURANCE APPLICANT NAME:: _____

APPLICANT ADDRESS: _____

APPLICANT CITY: _____ **STATE / ZIP:** _____

PROPOSED EFFECTIVE DATE: _____ **EXPIRATION DATE:** _____

NBR. YRS. APPLICANT ENGAGED IN THIS TRADE: _____

DOES APPLICANT OWN OTHER VESSELS? IF SO, DESCRIBE: _____

DESCRIBE NATURE OF OPERATION AND, NAVIGATION LIMITS REQUIRED: _____

VESSEL LAY-UP INFORMATION:

A) LAY-UP LOCATION: _____ **B) ASHORE OR AFLOAT?:** _____

C) PERIOD OF LAY-UP FROM: _____ **TO:** _____

SCHEDULE OF VESSELS

VESSEL NAME	YEAR BUILT	TYPE (BARGE, Etc.)	HULL MATERIAL	TYPE ENGINE & H.P. & WHEN BUILT	HULL VALUE	P&I LIMIT	NO. OF CREW

ANY NEW ACQUISITIONS PLANNED? PLEASE DESCRIBE: _____

DESCRIBE APPLICANT’S MAINTENANCE PROGRAM, INCLUDING FREQUENCY OF DRYDOCKING AND, MAJOR OVERHAULS:

BY CHECKING THIS BOX I CERTIFY THAT THIS APPLICANT HAS BEEN LOSS FREE FOR THE LAST FIVE (5) CONSECUTIVE YEARS:

LIST DETAILS OF CURRENT INSURANCE SHOWING CARRIER, FORM, DEDUCTIBLE, RATES & NAVIGATION LIMITS:

LOSS PREVENTION

1) Have the applicant's operations been subject to an independent safety audit? Yes No

If yes, please give details of audit and recommendations on a separate sheet including whose advisory services were employed and when implementation took place.

2) Are there currently safety / loss prevention programs in place? If so, please give details of these programs on a separate sheet.

CREW AND EMPLOYEES

1) What is the total number of crew employed by the applicant? _____

2) What is the total payroll for the last twelve month period for:

Jones Act _____

USL&H _____

3) Do the crew work on a time shift basis? Yes No

If yes, please specify:

Period of time for each shift: _____

Number of shifts in one 24 hour day: _____

Number of crew assigned to each shift: _____

4) Do the crew from one shift remain on board after being relieved by the next shift? Yes No

5) Please give details of pre-employment screening programs carried out by the applicant prior to the hiring of any new crew, attaching additional sheets if needed. Please be specific on extent of drug screening and physical examinations.

6) Are the above carried out for all newly appointed employees? Yes No

7) What sources do you rely on for recruitment of new crewmembers (i.e. crewing agencies, labor pools, unions, classified advertising, etc.)?

8) Do any employees, other than crew, have responsibilities that require them to work aboard the applicant's vessels?
Yes No

If yes, please provide details.

9) Are there any third-party personnel quartered on or working from the scheduled vessels? Yes No

If yes, please provide the circumstances under which these third-party personnel are on board applicant's vessel.

10) Are third-party personnel working under a contract? Yes No

If yes, please give details of their responsibilities as well as the insurance requirements of your contract.

QUOTES ARE SUBJECT TO SATISFACTORY CONDITION & VALUATION SURVEYS; USUALLY AT THE EXPENSE OF THE APPLICANT / ASSURED. PLEASE INCLUDE RECENT SURVEYS, IF AVAILABLE. OCCASIONALLY, UNDERWRITERS MAY WISH TO ORDER A SURVEY, SO:

A) Where is vessel presently located _____

B) Person to contact _____ C) Telephone Number _____

The above information is true and correct to the best of my knowledge. I understand that I am not bound to accept the insurance and, that Underwriters are not bound to accept this risk.

Date _____ Owner's Signature _____