



RISK NO. _____ **Coastwise, Great Lakes & Inland Hull Association** **SP-17**
 ASSURED _____ PRESENTED BY _____
 FOR (BROKER) _____
 FIRST ATTACHMENT DATE _____

100% BASIS

YEAR	NUMBER OF VESSELS	INSURED HULL VALUE	RATE	NET PREM. GROSS LESS COMMISSION	RETURN PREMIUM	NET PREMIUM	LOSSES					LOSS RATIO	ESTIMATE RECOVERIES
							NUMBER	PAID	EST.	RECOVERIES COLLECTED	NET TOTAL		
19 ____													
19 ____													
19 ____													
19 ____													
19 ____													
TOTAL													

VESSEL NAMES	ATTACHMENT DATE MO. DAY. YR.	TYPE	YEAR BUILT	MATERIAL	GROSS TONNAGE	HULL		DISBURSEMENTS	
						VALUE	RATE	AMOUNT	RATE

(Continued)

Important – Please Complete Reverse Side

Expiring Terms –

Remarks – State any facts to be taken into consideration particularly changes in terms during the past 5 years and details of any increase or reduction in premium. (Furnish detail of losses on separate sheet.)

Renewal Recommendations –

Committee Renewal Terms – Date