



Trip Insurance FORM #2 (Individual Move Basis)

TO: Jacobsen Pilot Service, Inc.

Hereby requests and orders insurance in a coverage amount of, not to exceed five million dollars providing primary coverage for negligent acts and omissions of Jacobsen Pilot Service and its pilots. This order is made pursuant to the terms of the piloting contract set forth in Jacobsen Pilot Service's letter dated _____, and all terms and conditions of the piloting contract are hereby specifically and expressly reaffirmed as applicable and binding regardless of whether insurance provided by Jacobsen Pilot Service covers the movement.

DATE	NAME OF SHIP/VESSEL	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is understood that the premium for said insurance shall be \$ _____ added to the pilotage fees.

This form must be filled out, signed, and filed with Jacobsen Pilot Service, Inc., prior to the movement.

SIGNED:

(Master)

DATED:
