**SCHEDULE A - LIST OF COVERED OWNER VESSELS (Tank / Nontank)**

|  |  |
| --- | --- |
| **Company Name: ${companyName}** | **Qualified Individual: ${qiName}** |
| **DPA/Ops Contact Name: ${dpaName}** | **DPA AOH Telephone: 24hr Duty Office ${dpaAohPhone}** |
| **DPA Telephone: ${dpaPhone}** | **DPA Fax: ${dpaFax}** |
| **DPA Mobile:** **${dpaMobile}** | **DPA e-mail: ${dpaEmail}** |

| **VESSEL NAME** | **IMO #** | **VESSEL TYPE** | **DWT** | **P&I CLUB** | **CLASS** | **H&M INSURER** | **DECK AREA** | **Largest Cargo / Fuel Tank Capacity** | **Heaviest Oil Carried** | **Damage Stability Provider** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ${cVesselName} | ${cImo} | ${cVesselType} | ${cDWT} | ${cPI} | ${cClass} | ${cHM} | ${cDeckArea} | ${cLCT} | ${cOilGroup} | ${cDamageStability} |