

CHARTER BOAT INSURANCE APPLICATION

REGISTERED OWNER OR LEASEE - NAME & ADDRESS <small>*List all registered owner(s) or Lessee(s) names and addresses</small>					PRODUCER										
DOING BUSINESS AS			HOME PHONE		WORK PHONE		E-MAIL								
DRIVERS LIC. NO.		BIRTHDATE		OCCUPATION		CURRENT INS. CARRIER		EXP. DATE OF CURR. POL.	CURRENT PREMIUM						
HULL	NAME OF VESSEL			HULL I.D./SERIAL NUMBER		REG/DOCUMENTATION NUMBER		DOES VESSEL COMPLY WITH USCG REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
TYPE OF VESSEL	<input type="checkbox"/> CRUISER /MOTOR YACHT	<input type="checkbox"/> SAILBOAT	<input type="checkbox"/> FLATS SKIFF	<input type="checkbox"/> HOUSEBOAT	<input type="checkbox"/> DRIFT BOAT	<input type="checkbox"/> CENTER CONSOLE	<input type="checkbox"/> SPORT FISH	<input type="checkbox"/> PONTOON	<input type="checkbox"/> AIRBOAT	<input type="checkbox"/> OPEN FISHING	<input type="checkbox"/> TRAWLER	<input type="checkbox"/> CUSTOM BUILT			
YEAR	LENGTH	MANUFACTURER			MODEL		HULL MATERIAL	BEAM	WEIGHT						
PURCHASE DATE		YOUR PURCHASE PRICE \$	NEW REPLACEMENT COST \$	DATE OF LAST SURVEY		MOORING LOCATION WHEN IN SERVICE-MARINA, CITY, ZIP									
LIST ALL WATERS NAVIGATED & MAXIMUM MILEAGE OFFSHORE - IF COAST GUARD INSPECTED, INDICATE ROUTE PERMITTED								OPERATING PERIOD <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL							
WHEN NOT IN USE VESSEL IS STORED <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT		LAY-UP LOCATION WHEN NOT IN SERVICE-MARINA, CITY, ZIP					WARRANTED LAID -UP PERIOD FROM: TO:								
MACHINERY	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	YEAR OF ENGINE		MANUFACTURER AND MODEL			NO. OF ENGINES		H.P. EACH						
MAXIMUM SPEED	TYPE OF DRIVE <input type="checkbox"/> IB <input type="checkbox"/> IO <input type="checkbox"/> JET DRIVE <input type="checkbox"/> SURFACE DRIVE <input type="checkbox"/> OB			SERIAL NO. SERIAL NO.		ENGINE HOURS ENGINE HOURS		OB VALUE \$							
NAVIGATION EQUIPMENT	<input type="checkbox"/> GPS/SAT NAV/LOTRAN	<input type="checkbox"/> RADAR	<input type="checkbox"/> LIFE RAFT	<input type="checkbox"/> HIGH WATER ALARM	<input type="checkbox"/> DIESEL STOVE	<input type="checkbox"/> VHF/SHIP TO SHORE	<input type="checkbox"/> CHART PLOTTER	<input type="checkbox"/> AUTO CO2 OR HALON	<input type="checkbox"/> CO DETECTOR	<input type="checkbox"/> OB/OUTDRIVE LOCKS	<input type="checkbox"/> DEPTH FINDER	<input type="checkbox"/> EPIRB	<input type="checkbox"/> SNIFFER	<input type="checkbox"/> LP. GAS STOVE	<input type="checkbox"/> TRAILER BALL OR AXLE LOCKS
TRAILER	YEAR	MANUFACTURER			VALUE \$	SERIAL NO.									
SECOND BOAT	YEAR	LENGTH	MANUFACTURER			VALUE \$	SERIAL NO.								
SECOND BOAT MOTOR	YEAR	MANUFACTURER			VALUE \$	H.P.	SERIAL NO.								
SECOND TRAILER	YEAR	MANUFACTURER			VALUE \$	SERIAL NO.									
GENERAL	# YRS. CHARTER EXP	# YRS. BOATING EXP	IS OWNER LICENSED CAPTAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		ISSUE # OF LIC.	IS VESSEL OWNER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO		# CHARTER DAYS PER YEAR							
DESCRIBE TYPICAL CHARTER IN DETAIL-DESCRIBE HOW VESSEL IS USED-BE SPECIFIC ON TYPE OF CHARTER AND AVERAGE LENGTH OF TRIP- IF CHARTERED OVERNIGHT PLEASE DESCRIBE															
DO YOU CHARTER OVER NIGHT? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)	DO YOU SELL OR SERVE FOOD <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU SELL OR SERVE ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO		DO PASSENGERS SWIM, SNORKEL OR SCUBA <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU TOW PASSENGERS ON WATER SKIS OR WATER TOYS <input type="checkbox"/> YES <input type="checkbox"/> NO								
SIX PACK <input type="checkbox"/> YES <input type="checkbox"/> NO	COAST GUARD INSPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO		MAX. NO. PASSENGERS LICENSED FOR		AVG. NO. CARRIED PER CHARTER		PAID CAPT./CREW <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF PAID CREW						
COVERAGE	EFFECTIVE DATE		HULL & MACHINERY INCL. ELECTRONICS \$			DEDUCTIBLE \$500 MINIMUM \$									
LIABILITY LIMIT REQUESTED <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> OTHER			MEDICAL PAYMENTS \$		UNINSURED BOATERS \$		PERSONAL EFFECTS/MISC. FISHING EQUIP. \$								
CAPTAIN/CREW COVERAGE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS INSURANCE BEEN CANCELLED OR REFUSED <input type="checkbox"/> YES <input type="checkbox"/> NO			IF SO, PLEASE EXPLAIN										
LOSS INFORMATION	LIST ALL MARINE INSURANCE CLAIMS YOU HAVE FILED IN THE LAST FIVE YEARS REGARDLESS OF VESSEL INVOLVED (INCLUDING BODILY INJURY TO PASSENGERS OR CREW) IF NO LOSSES INDICATE "NONE"														
DATE OF LOSS	DETAILS OF LOSS OR CLAIM					AMOUNT PAID		STATUS							
						\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED							
						\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED							

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OPERATOR INFORMATION (REQUIRED IF VESSEL IS OPERATED BY ANYONE OTHER THAN OWNER LISTED ON FIRST PAGE)

#	NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER & STATE	POSITION	USCG LICENSED
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO

HAS ANY OPERATOR OF THIS VESSEL(S) BEEN INVOLVED IN A MARINE RELATED ACCIDENT IN THE PAST (3) YEARS NO YES (EXPLAIN)

ARE MAINTENANCE AND OPERATION LOGS KEPT FOR THIS VESSEL NO YES (EXPLAIN)

DATE OF LAST HAUL OUT AND WORK COMPLETED

IS THERE ANY PRE-EXISTING DAMAGE TO THIS VESSEL NO YES (EXPLAIN)

IF FOOD AND/OR ALCOHOL IS SOLD LIST GROSS RECEIPTS FOR EACH FOOD \$ ALCOHOL \$	DO YOU OWN OR LEASE A DOCK <input type="checkbox"/> OWN <input type="checkbox"/> LEASE	DO YOU OWN OR LEASE BUILDING OR PREMISIS <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN):
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CORPORATE OWNERSHIP AND CORPORATE OFFICERS

NAME	PERCENTAGE OWNERSHIP	TITLE	DO YOU OPERATE VESSEL	USCG LICENSED
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTERESTS (PLEASE LIST NAME, ADDRESS AND INTEREST OF ALL ADDITIONAL INSURED, CERTIFICATE HOLDERS AND LOSS PAYEES)

NAME	ADDRESS: STREET, CITY, ZIP	INTEREST
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE

COMMENTS (PLEASE USE TO EXPLAIN ANY "YES" RESPONSES WHERE AN EXPLANATION IS REQUESTED)

- PLEASE PROVIDE THE FOLLOWING:
- | | |
|--|--|
| <input type="checkbox"/> COPY OF ANY REQUIRED CAPTAIN OR GUIDES LICENSE | <input type="checkbox"/> COMPLETED OPERATOR RESUME OF EXPERIENCE (FORM ATTACHED) |
| <input type="checkbox"/> RECENT MARINE SURVEY IF VESSEL IS OVER 7 YEARS OLD | <input type="checkbox"/> RESUME OF CAPTAIN & CREW DESCRIBING MARINE EXPERIENCE |
| <input type="checkbox"/> PHOTOS OF THE UNCOVERED VESSEL; BOW, SIDE AND STERN | <input type="checkbox"/> USCG CERTIFICATE OF INSPECTION IF APPLICABLE |
| <input type="checkbox"/> COPY OF LIABILITY RELEASE CURRENTLY IN USE | <input type="checkbox"/> ANY PROMOTIONAL BROCHURE |

I do hereby state that the information set forth on this application is correct and a true basis on which insurance may be granted. I understand that if I falsify, mislead, omit or misrepresent any information set forth on this application it will give cause for my insurance policy to be deemed null and void. I understand that I am not obligated to accept any quotation which underwriters make and that underwriters are not obligated to accept this risk.

DATED	SIGNED
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