

MARINE INSURANCE APPLICATION - CHARTERS

Applicant Name _____
 Mailing Address _____
 City / State / Zip _____
 Principal Contact / Title _____

*What is your effective/renewal date _____
 *Who is your current carrier _____
 *What is your current premium _____

Physical Address of Operations; List ALL Locations

Additional Interest (s) and Relationship to Applicant

Phone: _____ Fax: _____ Email: _____

General Description of the Operation and Experience of the Principals: _____

<u>ORGANIZATION</u>	<u>OPERATING PERIOD</u>	<u>OPERATING FROM</u>
<input type="checkbox"/> Individual	<input type="checkbox"/> Year Round	<input type="checkbox"/> Marine
<input type="checkbox"/> Partnership	<input type="checkbox"/> Seasonally	<input type="checkbox"/> Beach Front
<input type="checkbox"/> Corporation	From: _____	<input type="checkbox"/> Public Ramp
<input type="checkbox"/> Joint Venture	To: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____		
How Many Years Has Applicant Owned / Operated This Business? _____		
How Many Years Has Applicant Operated From This Locations? _____		
Gross Receipts for This Operation Last Year \$ _____		
Projected Gross Receipts for This Year \$ _____		

List and Describe ALL Other Commercial Activities Conducted on the Premises; Whether Owned or Not:

If Owned, Is There Other Insurance In Force? NO YES, Explain:

COMPLETE THIS SECTION IF PREMISES LIABILITY COVERAGE IS DESIRED

What is the Interest of the Applicant in This Premise(s)? OWNER TENANT OTHER, Explain:

What is the Square Footage of the Applicant's Occupied Area? _____ Does This Include a Parking Lot, Piers, Dock, or Buildings? _____

FIVE YEAR CLAIM HISTORY – WATER CRAFT & PREMISES

	DETAIL OF LOSS OR CLAIM	AMOUNT OF CLAIM	STATUS

Previous Insurance Carrier

Has Any Company Ever Canceled or Non-Renewed Insurance For This Applicant?

 (Missouri Residents Need Not Answer) NO YES, Explain:

COMMERCIAL WATER CRAFT CHARTER SECTION

DOCUMENTATION	LENGTH	BEAM	DRAFT	WEIGHT	TOTAL HP	MAX SPEED	FUEL	FUEL CAPACITY	
							<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL		
PROPERTY	YEAR	MANUFACTURER & MODEL NAME		HULL ID/ SERIAL #		PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE	
Boat / Yacht									
Engine # 1				HP:					
Engine # 2				HP:					
Tender									
Tender Engine				HP:					
Equipment	Itemize Equipment That Is Generally Required To Be Inboard For The Safe Operation, Navigation Or Maintenance Of The Watercraft These Items Must Be Included In The Total Watercraft And Equipment Value Or Coverage Will Not Be Provided.								
Personal Effects	List Items Which Belong To You Such As Water-Skis, Fishing Gear, Cameras, Scuba Equipt, Radios, & Wearing Apparel, Etc. For Which You Desire Coverage. Misc. Items May Be Covered Up To \$500 If So Requested. This Coverage Is Not Automatic.								
Boat Trailer									
BOAT TYPE	BOAT POWER TYPE	HULL TYPE		HULL MATERIAL		SAFETY/ANTI-THEFT EQUIPMENT			
<input type="checkbox"/> Aux-Sailboat <input type="checkbox"/> Bass Boat/Flats Boat <input type="checkbox"/> Express Cruiser <input type="checkbox"/> Motor Yacht <input type="checkbox"/> Runabout <input type="checkbox"/> Sport Fisherman <input type="checkbox"/> Trawler <input type="checkbox"/> Other:	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Air Boat <input type="checkbox"/> Sail (Indicate Rig) <input type="checkbox"/> Other:	<input type="checkbox"/> V-Hull <input type="checkbox"/> Deep V-Hull <input type="checkbox"/> Bi-Hull (Cat, Pontoon) <input type="checkbox"/> Tri-Hull <input type="checkbox"/> Tunnel Hull <input type="checkbox"/> Displacement <input type="checkbox"/> Other:		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Advanced Composite <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Inflatable <input type="checkbox"/> Other:		<input type="checkbox"/> Marine Compass <input type="checkbox"/> Depth Finder <input type="checkbox"/> VHS Ship to Shore Radio <input type="checkbox"/> Loran. Sat Nav or GPS <input type="checkbox"/> Radar <input type="checkbox"/> EPIRP <input type="checkbox"/> Electronic Burglar Alarm	<input type="checkbox"/> Outboard/Outdrive Locks <input type="checkbox"/> Propeller Hub Locks <input type="checkbox"/> Trailer Ball or Axle Locks <input type="checkbox"/> Vapor Detection System <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Auto Fire Extinguisher	Does Vessel Comply with all USCG Requirements? Y / N	
Are Maintenance and Operations Logs kept for this Vessel? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:									
Date of Last Haul Out & Work Completed:									
Is there any Pre-existing Damage to this Vessel? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:									
NAVIGATION LIMITS DESIRED (Body of Water & Range of Navigation) LAY-UP PERIOD (MM/DD/YY) FROM: _____ TO: _____									
ADDRESS KEPT WHEN IN SERVICE:				ADDRESS KEPT WHERE VESSEL IS KEPT WHEN LAND-UP:					
				<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT					

Days Per Year This Vessel Chartered Or Used Commercially:	Days Per Year This Vessel Is Used For Pleasure Only:
Maximum Number Of Passengers For Hire:	Average Number Of Passengers For Hire:
Do Passengers Stay Onboard The Vessel Overnight? ___ NO ___ YES; Explain: _____	Is Food Or Liquor Served To The Passengers? ___ NO ___ YES; Explain: _____
Do Passengers Swim, Snorkel Or Scuba From The Vessel? ___ NO ___ YES; Explain: _____	Do You Tow Passengers On Water-Skies Or Water Toys? ___ NO ___ YES; Explain: _____
CREW INFORMATION	
Does The Owner Employ A Captain, Crew Or Other Employees To Operate Or Maintain This Vessel? ___ NO ___ YES; Explain: _____	
Does The Master Hold The Appropriate License For This Vessel And Usage? ___ NO ___ YES; Explain: _____	

#	LIST OF ALL CREW INCLUDING MASTER	BIRTH DATE	DL NUMBER & STATE	POSITION	USCG LICENSE
1					
2					
3					
4					

A. Crew Positions Are: ___ FULL TIME ___ PART TIME ___ SEASONAL ___ VOLUNTEER

B. Are Employees In Good Health And Able To Handle The Responsibilities Of This Job? ___ NO ___ YES; Explain Below

C. Is Any Employee Under Medical Care, Taking Medication Or Seeking Treatment At This Time? ___ NO ___ YES; Explain Below

D. Is Any Employee Covered Under Any Workers Compensation or Other Benefit Program? ___ NO ___ YES; Explain Below

E. Is Any Employee Enrolled Or Participating In Any Safety Program? ___ NO ___ YES; Explain Below

F. Has Any Employee Been Hospitalized In The Past Year? ___ NO ___ YES; Explain Below

PLEASE PROVIDE THE FOLLOWING: ___ Copy Of Captain Guide ___ Recent Marine Survey If Vessel Is Over 7 Years Old

___ Any Promotional Brochure ___ Resume Of Crew Describing Marine Experience

___ Photos Of Vessel - Bow, Slides & Stern ___ USCG Certificate Of Inspection, If Applicable

REMARKS:

LIEN HOLDER:	PREMIUM FINANCE COMPANY:
Name & Address	Name & Address

COVERAGE	LIMITS REQUIRED	DEDUCTIBLE	PREMIUM
WATERCRAFT & EQUIPMENT			
WATERCRAFT LIABILITY		0	
CREW LIABILITY		0	
MEDICAL PAYMENTS		100	
PREMISES LIABILITY		0	
PERSONAL EFFECTS		0	
TRAILER PHYSICAL DAMAGE		250	

APPLICANT STATEMENT & SIGNATURE: This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508). I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living & driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

The foregoing statement made & signed by the applicant represents the information set forth as correct and true basis on which insurance may be granted by in no way binds the applicant to accept a quotation or the insurers to accept the risk. If coverage is bound by the Company, this application will attach to and be made part of the policy.

Applicant Signature:	Date:	Producer Signature:	Date:
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COMMERCIAL MARINE SUPPLEMENTAL APPLICATION PREMISES LIABILITY

Completion of this application **does not** constitute an agreement by the Company to bind Insurance.
The application represents that the information provided here is accurate and a true basis upon which insurance may be considered.
If coverage is bound by the company, this document will become part of the policy.

Limits: \$300,000 CSL \$500,000 CSL \$1,000,000 CSL

1. Premises Address – Give Exact Location of Area You Wish to Insure, Including Name of Marina, Pier or Slip Number; *Indicate the Part Occupied:

***What is the Square Footage of the Applicant’s Occupied Area?**

***Does This Include a Parking Lot, Docks, Piers or Buildings? _____ YES _____ NO,**

Explain: _____

****Include a Diagram of the Area****

2. What is the Interest of the Named Insured in the Premises? OWNER TENANT

OTHER, Explain: _____

3. How Long Has Applicant Operated From This Location? _____

4. How Long In This Business? _____

5. List & Describe the Specific Activities Conducted by the Applicant:

6. Describe Any Contractual Agreements Entered Into by the Applicant (i.e., Lease, Contracts of Carriage, Towage Act):

7. List & Describe All Prior Losses or Claims for This Applicant Within the Past 5 Years:

8. List & Describe All Other Business Activities Conducted on This Premises, Whether Owned or Non-Owned:

9. Provide a Detailed Breakout of the Estimated Annual Gross Receipts For:

BOAT RENTALS _____ SLIP RENTALS _____ HAULING/LAUNCHING _____ BOAT/MOTOR REPAIRS _____

RETAIL STORES _____ RESTURANTS/SNACK BAR _____ HOTEL/CAMPGROUND _____

BOAT SALES/SERVICE _____ OTHER, Explain: _____

10. List Names & Address of All Applicable Additional Interests:

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APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____