

1. APPLICANT INFORMATION

- a. Name of applicant: _____
- b. Applicant mailing address: _____
- c. Applicant website: _____
- d. Years in business: _____
- e. Proposed effective date: _____ at 12.01 a.m. Standard Time at assured's address
- f. Type of business:
- Individual/owner-operator Partnership Joint venture Limited Liability Corp. (LLC) Corporation
- Other: _____
- g. Business description (please include description of any shoreside operations): _____
- h. Coverage requested: Hull Protection & Indemnity Marine Commercial General Liability
- i. Annual gross receipts for last three years:
- | | | | | | |
|-------|----|-------|----|-------|----|
| Year: | \$ | Year: | \$ | Year: | \$ |
|-------|----|-------|----|-------|----|

2. SHORESIDE OPERATION INFORMATION

- a. Do you have any shoreside operations that are separate from your vessel operations? Yes No
If yes, please describe in *business description* above.
- b. Do you own or lease a commercial building or location? Yes No
If yes, please complete the following fields for owned/rented premise. *For multiple locations, please attach schedule.*
- i. Location address: _____
- ii. Description of locations operations: _____
- iii. Is the yard fenced? Yes No
- iv. Is the yard locked after hours? Yes No
- v. Description of fire protection: _____

3. VESSEL INFORMATION

Please attach most recent vessel survey and confirm compliance with any recommendations.

- a. Do hull values exceed purchase price? Yes No
If yes, please explain cost of improvements made: _____
- b. Loss payee required? Yes No
If yes, explain: _____
- c. Summer docking location: _____
- d. Winter docking location: _____
- e. Current operational period (dates): From: _____ To: _____
- f. Current navigational area (within and between): _____



g. Description of hurricane plan (U.S. Southern and Eastern coastlines):

4. PROTECTION & INDEMNITY INFORMATION

- a. Requested limit: \$500,000 \$1,000,000 Other: _____
- b. Current deductible(s): \$ _____
- c. Number of employees: _____
- d. Total crew count: _____
- e. Number of crew (maximum any one vessel): _____
- f. Average employment length of crew: _____
- g. Annual payroll: \$ _____
- h. Number of passengers: _____

5. VESSEL SCHEDULE (attach additional sheet if necessary):

Vessel Name	Year	Make	Construction	Description	Hull Value	Deductible
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

6. CAPTAINS QUESTIONNAIRE SUPPLEMENTAL (REQUIRED)

a.

Name of Captain	Date of Birth	Vessel Name	Length	Dates of Service	Navigation Area

- b. Has any captain been arrested or convicted of a DUI? Yes No
If yes, explain: _____
- c. Has any captain been involved in any losses or claims? Yes No
If yes, explain: _____

d. QUALIFICATIONS INFORMATION

Please submit these two items with application:

- i. Copy of current Coast Guard license
- ii. List of licenses held, certifications and related qualifications



7. VESSEL ASSIST / PILOT BOAT OPERATOR SUPPLEMENTAL

TOWING INFORMATION

- a. Type of vessels towed: _____
 - b. Average size of vessel tow: _____
 - c. Average tow distance: _____
 - d. Maximum speed towing: _____
 - e. Average employment length of crew: _____
 - f. Are there formal pre-tow safety procedures in place? Yes No
 - g. Does your operation require and diving? Yes No
- If yes, please provide additional information pertaining to typical dive and pre-post safety procedures:

CHARTER/SIGHTSEEING/PASSENGER FERRY VESSEL SUPPLEMENTAL

8. CHARTER/PASSENGER VESSEL INFORMATION

- a. Is parking provided? Yes No
- b. Is shuttle service provided? Yes No
- c. Do passengers swim, snorkel, water-ski or perform other in-water activity from the insured vessels? Yes No
- d. Number of charters per year? _____
- e. Average/maximum length of charter (in hours): _____
- f. Average/maximum passengers allowed on charter: _____

9. VESSEL SERVICE INFORMATION

- a. Is food service provided? Yes No
- b. Is alcohol served? Yes No
- c. Full bar? Yes No
- e. Do you hire or allow subcontractors (i.e., private caterers)? Yes No
- f. Do you require caterers add you as an additional insured? Yes No
- g. Do you require caterers to provide certificates of insurance: Yes No
- h. Are servers trained in alcohol awareness? Yes No

6-12 PACK CHARTER VESSEL SUPPLEMENTAL

10. CHARTER/PASSENGER VESSEL INFORMATION

- a. Is parking provided? Yes No
- b. Is shuttle service provided? Yes No
- c. Do passengers swim, snorkel, water-ski or perform other in-water activity from the insured vessels? Yes No
- d. Number of charters per year? _____
- e. Average/maximum length of charter (in hours): _____
- f. Average/maximum passengers allowed on charter: _____



11. VESSEL SERVICE INFORMATION

- a. Is food service provided? Yes No
- b. Is alcohol served? Yes No
- c. Beer and wine only? Yes No

12. LOSS EXPERIENCE

- a. Has your policy ever been cancelled or non-renewed? Yes No
If yes, explain below.

b.	Loss Description	Date of Loss	Amount of Loss
			\$
			\$
			\$

13. ADDITIONAL COMMENTS / COVERAGE REQUEST

Additional comments/coverage request/target premium (Hull, P&I, MCGL):

14. SIGN AND COMPLETE (REQUIRED)

I understand that the information above, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the company to accept the risk.

APPLICANT SIGNATURE Date

Typed or printed name: _____ Title: _____

BROKER SIGNATURE Date

Typed or printed name: _____ Title: _____