



COMMERCIAL MARINE INSURANCE APPLICATION

Requested Effective Date	General Agent Code: _____ Producer Code: _____
Applicant Name	Producer Name & Address
Mailing Address	Producer Phone Number: _____ Fax Number: _____
City / St. / Zip Code	
Principal Contact; Title	
Mooring County:	ADDITIONAL INTEREST(S)
Physical Address Of Operation; List All Locations	Relationship To Applicant:
Mooring County Phone Number	
LIENHOLDER	PREMIUM FINANCE COMPANY
Name And Address	Name And Address
How Are Watercraft Used By This Operation?	How Many Years Has A Boat Been Used In The Operation Of This Business?

What Is The Experience Of The Principals With This Type Of Operation?

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

List And Describe All Other Commercial Activities Conducted On The Premise, Whether Owned Or Non-Owned:

If Owned, Is There Other Insurance In Force?
 No Yes, Explain:

Previous Insurance Carrier: _____	Has Any Company Ever Canceled Or Non-Renewed Insurance For This Applicant? (Missouri residents Need Not Answer)
Expiration Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:

NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION

<input type="checkbox"/> US INLAND RIVERS/WATERWAYS ONLY <input type="checkbox"/> COASTAL Up To 25 Miles Offshore <input type="checkbox"/> ATLANTIC <input type="checkbox"/> PACIFIC <input type="checkbox"/> GULF <input type="checkbox"/> BAHAMAS <input type="checkbox"/> GREAT LAKES & TRIBUTARIES <input type="checkbox"/> LAKE MEAD, POWELL OR TAHOE	<p align="center">Extended Navigation Limits - NO BINDING AUTHORITY IS EXTENDED</p> Submit for approval with detailed boating experience resume, MVR and current survey. Offshore navigation limit desired: <input type="checkbox"/> 25 – 50 MILES OFFSHORE <input type="checkbox"/> 50 – 75 <input type="checkbox"/> 75 – 100
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MOORING LOCATION OF VESSEL WHEN IN USE —MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP OPERATING PERIOD: <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL	LAY-UP LOCATION WHEN NOT IN USE —MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP TYPE OF LAY-UP: <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT
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WHEN NOT IN USE, VESSEL IS: <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT (NO LAYUP CREDIT ALLOWED IF AFLOAT)	WARRANTED ON SHORE LAY-UP PERIOD (MM/DD/YY) FROM: _____ TO: _____
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FIVE YEAR CLAIMS HISTORY - WATERCRAFT & PREMISES

Date Of Event	Details Of Loss Or Claim	Amount Of Claim	Status



BAREBOAT/MISC. COMMERCIAL USE SECTION (A)

OPERATOR AND CREW INFORMATION (REQUIRED)

#	NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER AND STATE	POSITION	USCG LICENSE
1					
2					
3					

Any Accidents or moving violations in the prior three (3) years?

No Yes, Explain:

Does The Owner Employ A Captain, Crew Or Other Employees To Operate Or Maintain This Vessel?

No Yes, Explain:

Does The Operator or Master Hold The Appropriate License For This Vessel And Usage?

No Yes, Explain:

VESSEL INFORMATION

DOCUMENTATION	VESSEL NAME	LENGTH	WEIGHT	TOTAL HP	MAX SPEED	FUEL	FUEL CAPACITY
						<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	
PROPERTY	YEAR	MANUFACTURER & MODEL NAME	HULL ID / SERIAL NUMBER		PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
VESSEL							
ENGINE #1		HP:					
ENGINE #2		HP:					
TENDER							
TENDER ENGINE		HP:					
TRAILER							
EQUIPMENT	TOTAL FROM EQUIPMENT SCHEDULE						
TOTAL VALUE: VESSEL, ENGINES, TENDER, TRAILER PLUS EQUIPMENT (FROM PAGE 4)							
PERSONAL EFFECTS	TOTAL FROM PERSONAL EFFECTS						

BOAT TYPE	BOAT POWER	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"/> Airboat <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 In Engine Space
Does Vessel Comply With All USCG Requirements?					

Are Maintenance And Operation Logs Kept For This Vessel?

No Yes, Explain:

Date Of Last Haul Out & Work Completed:

Have The Vessel, Engine(s) Or Operating Equipment Been Modified Or Altered From Their Original Stock Condition?

No Yes, Explain:

Is There Any Pre-Existing Damage To This Vessel?

No Yes, Explain:



BAREBOAT/MISC. COMMERCIAL USE SECTION (B)

Days Per Year This Vessel is Used Commercially:	Days Per Year This Vessel Is Used For Pleasure Only:
Maximum Number Of Passengers For Hire – per USCG designation:	Average Number Of Passengers For Hire:
Do Passengers Stay Onboard The Vessel Overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	Is Food Or Liquor Served To The Passengers? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
Do Passengers Swim, Snorkel Or SCUBA From The Vessels? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	Do You Tow Passengers On Water-Skis Or Water Toys? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:

Remarks or Explanations:

SCHEDULE OF VESSEL EQUIPMENT

Itemize Equipment That Is Generally Kept Onboard And Required For The Safe Operation, Navigation Or Maintenance Of The Watercraft. **This Coverage Is Not Automatic.** Include The Total On Page 3. Use additional sheet if necessary.

DESCRIPTION, MAKE, MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
Miscellaneous Vessel Equipment, Where The Value For No Single Item Is Greater Than \$500 (Limit \$1,000)				
TOTAL VESSEL EQUIPMENT				

SCHEDULE OF PERSONAL EFFECTS

List Items Which Belong To You Such As Fishing Gear, Cameras, Scuba Equipment, Portable Radios, And Wearing Apparel, Etc., For Which You Desire Coverage. **This Coverage Is Not Automatic.** Include On Page 3

DESCRIPTION, MAKE, MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
Miscellaneous Personal Effects, Where The Value For No Single Item Is Greater Than \$500 (Limit \$1,000)				
TOTAL PERSONAL EFFECTS				

COVERAGE AND PREMIUMS

COVERAGE	LIMITS REQUESTED	DEDUCTIBLE	PREMIUM
WATERCRAFT AND EQUIPMENT		(GREATER OF 2% OR \$500) ____%	
WATERCRAFT LIABILITY			
WATERSPORT LIAB = LIAB LIMIT (MAX 300 CSL)			
UNINSURED BOATER =LIAB LIMIT (MAX 300 CSL)			
MEDICAL PAYMENTS (\$10,000 MAX)		0	
PREMISES LIABILITY (SUBMIT PREMISES APP.)		0	
PERSONAL EFFECTS		250	
POLLUTION LIABILITY (500 CSL)			
TRAILER PHYSICAL DAMAGE		250	

PAYMENT OPTIONS

- Total Annual Premium * \$5 fee per installment
- 2 PAY PLAN* - 50% down, 50% due 90 days. Written premium must be greater than \$500.
- 3 PAY PLAN* - 40% down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than \$750.
- 6 PAY PLAN* - 30% down, 15% due in 60, 90, 150, 210 and 10% due in 270 days. Written premium must be greater than \$1,500.

If binding is desired, please provide the following:

- Copy Of Any Required Captain Or Guides License
- Recent Marine Survey If Vessel Is Over 10 Years Old
- Photos Of The Uncovered Vessel; Bow, Side & Stern

- Markel Premises Liability Application, If This Coverage Is Desired
- Resume Of Captain & Crew Describing Marine Experience
- USCG Certificate Of Inspection If Applicable
- Any Promotional Brochure or Website

APPLICANT'S STATEMENT AND SIGNATURE

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. 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 and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. I understand that if my watercraft is used in any official or pre-arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit for hull coverage is the actual cash value (ACV) at the time of the loss or the stated ACV above, whichever is less. The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information.

AZ	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
CA	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
NY	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OR	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
PA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____	PRODUCER'S SIGNATURE: _____ DATE: _____
TITLE (REQUIRED IF BOAT IS CORPORATELY TITLED)	HOW LONG HAS THIS APPLICANT BEEN YOUR CLIENT?

Mandatory Airboat Survey
(To Be Completed by Authorized Airboat Inspector)

VERIFICATION

All Information in HULL & RIGGING, ENGINE & PROPELLER, TRAILER, PERFORMANCE, EQUIPMENT and VALUES Sections are Complete & Accurate

VALUES

Purchase Date (Mo/Yr): ___/___ **Purchase Price:** \$ _____

Please verify the following Values of the Airboat and Trailer:

CURRENT VALUE of the Hull & Rigging: \$ _____

CURRENT VALUE of the Engine & Propeller: \$ _____

Total CURRENT VALUE of the Airboat: \$ _____

CURRENT VALUE of the Trailer: \$ _____

PERFORMANCE

State your Assessment of the Maximum Speed of the Airboat

_____ M P H

Assess the Handling & Experience of the Airboat/Operator:

Excellent Very Good Good Fair Poor

HULL & RIGGING

Please Verify that the following Identification Numbers are Present and Accurate (Inscribe any Missing Serial Numbers):

Serial Number of Hull (12 Digits): _____ Registration Number of Boat: _____

Is the Design and Construction of the Airboat Appropriate for the Operating Territory? Yes No (Explain in COMMENTS)

Is there Evident of Any Existing Damage to the Airboat?: Yes No (Explain in Comments)

Are all Mechanical, Electrical, Exhaust and Fuel Systems Properly Designed and Functional?: Yes No (Explain in COMMENTS)

ENGINE & PROPELLER

Please Verify that the Following Information and Numbers are Present and Accurate (Inscribe any Missing Serial Numbers):

Serial Number of Engine: _____ Year Engine Manufactured: _____ Serial Number of Propeller: _____

Is There a Gear/Belt Reduction Unit on the Airboat?: Yes No If so, State Serial Number: _____

Are All Controls and Instrumentation Operational?: Yes No (Explain in COMMENTS)

Assess the Condition of the Propeller: Excellent Very Good Good Fair – Poor (Explain in COMMENTS)

Is All Equipment listed on the Application Present?: Yes No (Explain in COMMENTS)

TRAILER

Please Verify that the Trailer Serial Number is Present and Accurate (Inscribe if Missing): _____

Is the Trailer Properly Designed and Satisfactory to Transport the Airboat?: Yes No (Explain in COMMENTS)

GENERAL COMMENTS

State Your Assessment of the General Condition of the Airboat: Excellent Very Good Good Fair Poor

COMMENTS: _____

This report was obtained from and by fallible human sources, made from observation and interview, and concerns such condition and practices as were observed and considered at the time of the inspection. It is not intended to indicate that there are no other exposures. This report is to be used exclusively for underwriting purposes. We do not assume any liability due to misinformation given our inspector, nor for inaccuracies, omissions, human error, ect., nor do we assume liability for delayed reports for any reason.

Inspector's Name (Printed): _____ Signature : _____ Date _____

Inspector Phone Number: _____



RESUME OF PERSONAL BOATING EXPERIENCE

For higher Watercraft Liability limits (typically \$300,000.00 and up), for Prior FAST catamaran style experience or for other reasons the Underwriters have requested the following boating experience resume and associated information be completed for each of the NAMED OPERATOR(s) on the policy.

- 1. Name of Operator
Address
City St Zip
2. Drivers License Number State
3. Date of Birth / / Age of Operator
4. Occupation
5. Years of general boating experience Years of 'fast catamaran or tunnel hull' experience
6. Years of titled boat ownership

7 a. Prior boats you have OWNED: COMPLETE ALL CATEGORIES

Table with 6 columns: Year, Length, Manufacturer, Model (CAT), Dates operated (from year), Dates operated (to year)

b. Prior boats you have OPERATED: COMPLETE ALL CATEGORIES

Table with 6 columns: Year, Length, Manufacturer, Model (CAT), Dates operated (from year), Dates operated (to year)

- 8. List all waters or areas you have navigated: (Atlantic, Great Lakes, Bays, Bahamas, Caribbean, etc.)
9. List Licenses, Boating Courses, Boating Education Classes, etc. completed (if none, write 'None'):
10. List all marine insurance claims and/or prior marine loss history in past 5 years (if none, write 'None'):

I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature of Insured: Date: / /