



CHARTER VESSEL INSURANCE APPLICATION

Requested Effective Date		General Agent Code: _____ Producer Code: _____	
Applicant Name		Producer Name & Address	
Mailing Address			
City / St. / Zip Code			
Principal Contact; Title		Producer Phone Number: _____ Fax Number: _____	
Mooring County:		ADDITIONAL INTEREST(S)	
Physical Address Of Operation; List All Locations			
Website address (if applicable) Phone Number		Relationship To Applicant	
LIENHOLDER		PREMIUM FINANCE COMPANY	
Name And Address		Name And Address	
How Are Watercraft Used By This Operation?			
What Is The Experience Of The Principals With This Type Of Operation?			
ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:	OPERATING PERIOD <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonally From: _____ To: _____	OPERATING FROM <input type="checkbox"/> Marina <input type="checkbox"/> Beach Front <input type="checkbox"/> Public Ramp <input type="checkbox"/> Other: _____ _____	How Many Years Has Applicant Owned/Operated This Business? ____ How Many Years Has Applicant Operated From This Location? ____ Gross Receipts For This Operation Last Year \$ _____ Projected Gross Receipts For This Year \$ _____
List And Describe All Other Commercial Activities Conducted On The Premise, Whether Owned Or Non-Owned:			
If Owned, Is There Other Insurance In Force? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
Previous Insurance Carrier: _____ Expiration Date: _____		Has Any Company Ever Canceled Or Non-Renewed Insurance For This Applicant? (Missouri residents Need Not Answer) <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 <u>Up To 25 Miles Offshore</u> <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"/> ENSENADA, MX <input type="checkbox"/> LAKE MEAD, POWELL OR TAHOE		Extended Navigation Limits - NO BINDING AUTHORITY IS EXTENDED 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	
MOORING LOCATION OF VESSEL WHEN IN USE—MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP		LAY-UP LOCATION WHEN NOT IN USE—MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP	
OPERATING PERIOD: <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL		TYPE OF LAY-UP: <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	
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: _____	
FIVE YEAR CLAIMS HISTORY - WATERCRAFT & PREMISES			
Date Of Event	Details Of Loss Or Claim	Amount Of Claim	Status



CHARTER VESSEL 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:

Number of Crew:

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

No Yes, Explain:

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

C) Is Any Employee Under Medical Care, Taking Medication Or Seeking Treatment At This Time? No Yes

D) Is Any Employee Covered Under Any Workers Compensation Or Other Benefits Program? No Yes

E) Is Any Employee Enrolled Or Participating In Any Safety Programs? No Yes

F) Has Any Employee Been Hospitalized Within The Past Year? No Yes

Explain If Yes Was Answered To Any Of The Above Questions:

VESSEL INFORMATION

DOCUMENTATION	VESEL 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	
VESEL							
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"/> Inboard	<input type="checkbox"/> V - Hull	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Marine Compass	<input type="checkbox"/> Outboard/Outdrive Locks
<input type="checkbox"/> Bass Boat/Flats Boat	<input type="checkbox"/> Outboard	<input type="checkbox"/> Deep V - Hull	<input type="checkbox"/> Advanced Composite	<input type="checkbox"/> Depth Finder	<input type="checkbox"/> Propeller Hub Locks
<input type="checkbox"/> Express Cruiser	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Bi - Hull (Cat, Pontoon)	<input type="checkbox"/> Wood	<input type="checkbox"/> VHS/Ship To Shore Radio	<input type="checkbox"/> Trailer Ball or Axle Locks
<input type="checkbox"/> Motor Yacht	<input type="checkbox"/> Jet Drive	<input type="checkbox"/> Tri - Hull	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Loran, Sat Nav Or GPS	<input type="checkbox"/> Vapor Detection System
<input type="checkbox"/> Runabout/	<input type="checkbox"/> Airboat	<input type="checkbox"/> Tunnel Hull	<input type="checkbox"/> Steel	<input type="checkbox"/> Radar	<input type="checkbox"/> Smoke Detectors
<input type="checkbox"/> Sport Fisherman	<input type="checkbox"/> Sail (Indicate Rig)	<input type="checkbox"/> Displacement	<input type="checkbox"/> Inflatable	<input type="checkbox"/> EPIRP	<input type="checkbox"/> Auto Fire Extinguisher In Engine Space
<input type="checkbox"/> Trawler	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Electronic Burglar Alarm	
<input type="checkbox"/> Other:					



CHARTER VESSEL USE SECTION (B)

Does Vessel Comply With All USCG Requirements?

No Yes, Explain:

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:

Days Per Year This Vessel is Chartered:

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?

No Yes, Explain:

Is Food Or Liquor Served To The Passengers?

No Yes, Explain:

Do Passengers Swim, Snorkel Or SCUBA From The Vessels?

No Yes, Explain:

Do You Tow Passengers On Water-Skis Or Water Toys?

No 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			
CREW LIABILITY (50,000/100,000)	(NUMBER OF CREW, MAX 3) ____	1000	
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			
<input type="checkbox"/> Total Annual Premium		* \$5 fee per installment	
<input type="checkbox"/> 2 PAY PLAN* - 50% down, 50% due 90 days. Written premium must be greater than \$500.			
<input type="checkbox"/> 3 PAY PLAN* - 40% down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than \$750.			
<input type="checkbox"/> 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.			
Please Provide The Following:			
<input type="checkbox"/> Copy Of Any Required Captain Or Guides License		<input type="checkbox"/> Markel Premises Liability Application, If This Coverage Is Desired	
<input type="checkbox"/> Recent Marine Survey If Vessel Is Over 10 Years Old		<input type="checkbox"/> Resume Of Captain & Crew Describing Marine Experience	
<input type="checkbox"/> Photos Of The Uncovered Vessel; Bow, Side & Stern		<input type="checkbox"/> USCG Certificate Of Inspection If Applicable	
		<input type="checkbox"/> Any Promotional Brochure or Website Address	
APPLICANT'S STATEMENT AND SIGNATURE			
<p>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.</p> <p>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.</p> <p>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.</p>			
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: _____		PRODUCER'S SIGNATURE: _____	
DATE: _____		DATE: _____	
TITLE (REQUIRED IF BOAT IS CORPORATELY TITLED)		HOW LONG HAS THIS APPLICANT BEEN YOUR CLIENT?	