

CHARTER LAKES CHARTER BOAT INSURANCE APPLICATION

| | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|---|--|---|--|---------------------------------------|---------------------------------------|----------------------------------|--|---|
| REGISTERED OWNER OR LEASEE - NAME & ADDRESS *List all registered owner(s) or Lessee(s) names and addresses | | | | PRODUCER Charter Lakes MARINE INSURANCE 3455 East Paris SE, Grand Rapids, MI 49512 (616) 975-3500 (800)-879-2248 FAX (616) 975-0670 | | | | | | | | | | | |
| 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"/> COMMERCIAL | <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 | | | | | | | | | |
| WATERS NAVIGATED & MAXIMUM MILEAGE OFFSHORE | | | | | | | | 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 | | | | | | | |
| NAVIGATION EQUIPMENT | <input type="checkbox"/> GPS/SAT NAV/LORAN | <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 | | | 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. IN CHARTER BUSINESS | | # YRS. BOATING EXP. | | LICENSED CAPTAIN <input type="checkbox"/> YES <input type="checkbox"/> NO | | 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 | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| COAST GUARD INSPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | SIX PACK <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 \$ | | TRAILER VALUE \$ | | | | | | | |
| PROTECTION & INDEMNITY REQUESTED <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 | | | | 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 | | | | | | |

CONTINUED ON NEXT PAGE

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
 OWN LEASE

DO YOU OWN OR LEASE BUILDING OR PREMISIS
 NO YES (EXPLAIN):

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 INSUREDS (PLEASE LIST NAME, ADDRESS AND INTEREST OF ALL ADDITIONAL INSUREDS)

| 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 |
|-------|--------|