



COMMERICAL MARINE INSURANCE APPLICATION

REQUESTED EFFECTIVE DATE:	General Agent Code : _____ Producer Code: _____
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APPLICANT NAME MAILING ADDRESS CITY / STATE / ZIP CODE PRINCIPAL CONTACT; TITLE	PRODUCER NAME & ADDRESS PRODUCER PHONE NUMBER: _____ FAX NUMBER: _____
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PHYSICAL ADDRESS OF OPERATION; LIST ALL LOCATIONS COUNTY _____ PHONE NUMBER _____	ADDITIONAL INTEREST(S) AND RELATIONSHIP TO APPLICANT
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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 \$ _____
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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: _____ 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:
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NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION

<input type="checkbox"/> US INLAND RIVERS/ WATERWAYS ONLY <input type="checkbox"/> COASTAL UP TO 25 MILES OFFSHORE (CHARTER RISKS 50 MILES) <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, TAHOE	<p align="center">Extended Navigation Limits— NO BINDING AUTHORITY IS EXTENDED</p> SUBMIT FOR APPROVAL WITH DETAILED BATING 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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ADDRESS WHERE VESSEL IS KEPT WHEN IN SERVICE:	ADDRESS WHERE VESSEL IS STORED WHEN LAID-UP: <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT (NO LAYUP CREDIT ALLOWED IF AFLOAT) 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



CHARTER VESSEL / MISC. COMMERCIAL USE SECTION (A)

OPERATOR AND CREW (REQUIRED INFORMATION)

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

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:

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 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"/> EXPRESS CRUISER	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTBOARD	<input type="checkbox"/> DEEP V - HULL <input type="checkbox"/> BI-HULL	<input type="checkbox"/> ADVANCED COMPOSITE <input type="checkbox"/> WOOD	<input type="checkbox"/> DEPTH FINDER <input type="checkbox"/> VHS SHIP TO SHORE RADIO	<input type="checkbox"/> PROPELLER HUB LOCKS <input type="checkbox"/> TRAILER BALL OR AXLE LOCKS
<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"/> JET DRIVE <input type="checkbox"/> AIRBOAT <input type="checkbox"/> SAIL (INDICATE RIG) <input type="checkbox"/> OTHER:	(CAT, PONTOON) <input type="checkbox"/> TRI - HULL <input type="checkbox"/> TUNNEL HULL <input type="checkbox"/> DISPLACEMENT <input type="checkbox"/> OTHER:	<input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> INFLATABLE <input type="checkbox"/> OTHER:	<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"/> 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: _____



CHARTER VESSEL / MISC. COMMERCIAL USE SECTION (B)

DAYS PER YEAR THIS VESSEL CHARTERED OR USED COMMERCIALY:	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? <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 \$,1000)				
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 \$,1000)				
TOTAL PERSONAL EFFECTS				

COVERAGE	LIMITS REQUESTED	DEDUCTIBLE	PREMIUM
WATERCRAFT AND EQUIPMENT		(2% MINIMUM) _____%	
WATERCRAFT LIABILITY			
CREW LIABILITY		2500	
MEDICAL PAYMENTS		100	
PREMISES LIABILITY (SUBMIT PREMISES APP.)		0	
PERSONAL EFFECTS		250	
TRAILER PHYSICAL DAMAGE		250	

PLEASE PROVIDE THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> COPY OF ANY REQUIRED CAPTAIN OR GUIDES LICENSE | <input type="checkbox"/> RESUME OF CAPTAIN & CREW DESCRIBING MARINE EXPERIENCE |
| <input type="checkbox"/> RECENT MARINE SURVEY IF VESSEL IS OVER 7 YEARS OLD | <input type="checkbox"/> USCG CERTIFICATE OF INSPECTION IF APPLICABLE |
| <input type="checkbox"/> PHOTOS OF THE UNCOVERED VESSEL; BOW, SIDE & STERN | <input type="checkbox"/> ANY PROMOTIONAL BROCHURE |
| <input type="checkbox"/> MARKEL PREMISES LIABILITY APPLICATION, IF THIS COVERAGE IS DESIRED | |

APPLICANT'S STATEMENT AND 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 and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided. The foregoing statements made and signed by the applicant 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 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. **FRAUD WARNING: any person who knowingly and with intent to defraud any insurance company filed an application for insurance 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**

Applicant's Signature	Date	Producer's Signature	Date
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