

CHARTER LAKES COMMERCIAL MARINE INSURANCE APPLICATION

REGISTERED OWNER OR LESSEE - NAME & ADDRESS					PRODUCER Charter Lakes MARINE INSURANCE 3455 East Paris SE, Grand Rapids, MI 49512 (616) 975-3500 1-800-879-2248 fax (616) 975-0670						
WORK PHONE		HOME PHONE		E-MAIL ADDRESS			CURRENT INS. CARRIER		EXP. DATE OF CURR. POL.		
DRIVERS LIC. NO.		BIRTHDATE		OCCUPATION		S.S.#		CURRENT PREMIUM			
HULL	NAME OF VESSEL				REG./DOC. NO.		HULL I.D. NO.				
TYPE OF VESSEL <input type="checkbox"/> TUG <input type="checkbox"/> WORK BOAT <input type="checkbox"/> BARGE <input type="checkbox"/> CREWBOAT <input type="checkbox"/> LAFITTE SKIFF <input type="checkbox"/> LANDING CRAFT <input type="checkbox"/> PONTOON <input type="checkbox"/> AIRBOAT <input type="checkbox"/> OPEN RUNABOUT <input type="checkbox"/> COMMERCIAL FISHING											
YEAR	LENGTH	MANUFACTURER			MODEL			MATERIAL	BEAM	WEIGHT	
PURCHASE DATE			PURCHASE PRICE \$		NEW REPL. COST \$		DATE OF LAST SURVEY				
MOORING LOCATION - CITY, STATE, MARINA, ZIP CODE						LAY-UP LOCATION			<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT		
WATERS NAVIGATED, DESCRIBE ALL AREAS OF NAVIGATION:							LAID-UP FROM TO				
MACHINERY	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL		YEAR OF ENGINE	MANUFACTURER AND MODEL				NO. OF ENGINES	H.P. EACH		
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		OB VALUE			
EQUIPMENT	<input type="checkbox"/> GPS <input type="checkbox"/> VHF <input type="checkbox"/> LORAN <input type="checkbox"/> RADAR <input type="checkbox"/> DEPTH FINDER <input type="checkbox"/> SNIFFER <input type="checkbox"/> SAT-NAV <input type="checkbox"/> GENERATOR <input type="checkbox"/> SINGLE SIDE BAND <input type="checkbox"/> AUTOMATIC CO2 OR HALON <input type="checkbox"/> LIFE RAFT <input type="checkbox"/> LP. GAS STOVE <input type="checkbox"/> AUTO-PILOT <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> EPIRB										
SECOND BOAT		YEAR	LENGTH	MANUFACTURER			VALUE \$	SERIAL NO.			
2nd BOAT MOTOR		YEAR	MANUFACTURER			VALUE \$	H.P.	SERIAL NO.			
TRAILER	YEAR	MANUFACTURER				SERIAL NO.					
GENERAL	YRS. EXP./OWNER			LICENSED CAPTAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		IS VESSEL OWNER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO		DAYS PER YEAR VESSEL USED COMMERCIALY			
DESCRIBE ALL COMMERCIAL USE INCLUDING HOW THE VESSEL IS USED COMMERCIALY, IF CARGO IS TRANSPORTED DESCRIBE TYPE OF GOODS AND DISTANCE, IF PASSENGERS CARRIED DESCRIBE TYPICAL CHARTER:											
DO YOU PERFORM ANY SALVAGE WORK?		DO YOU COMMERCIALY TOW OTHER VESSELS?		DO YOU TRANSPORT FUEL OR POLLUTANTS?		DO YOU TRANSPORT EMPLOYEES OF OTHERS?		DO YOU TRANSPORT CARGO OF OTHERS?			
MAXIMUM VALUE OF CARGO TRANSPORTED? \$		DO YOU WANT CARGO COVERAGE QUOTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THE VESSEL CHARTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVG. NO. PASSENGERS CARRIED		PAID CAPT./CREW <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF PAID CREW	
COVERAGE	EFFECTIVE DATE		HULL, MACHINERY and EQUIPMENT VALUE (CURRENT MARKET VALUE) \$				DEDUCTIBLE \$		TRAILER VALUE \$		
LIABILIT LIMIT REQUESTED <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000			MEDICAL PAYMENTS \$		UNINSURED BOATERS \$		PERSONAL PROPERTY OF VESSEL OWNER \$				
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 THREE YEARS - LIST DATE OF LOSS AND AMOUNT PAID (including crew type losses)										

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

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)

GROSS ANNUAL RECEIPTS \$

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 INTERESTS (PLEASE LIST NAME, ADDRESS AND INTEREST OF ALL ADDITIONAL INSURED, CERTIFICATE HOLDERS AND LOSS PAYEES)

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)

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. I UNDERSTAND THAT THIS APPLICATION BECOMES A PART OF THE INSURANCE POLICY.

1. I agree that the Company may investigate and secure motor vehicle records for persons listed in this application.

2. I declare that the statements contained herein and in the attached Watercraft Application are true to the best of my knowledge and belief. The selections indicated herein and in the attached Watercraft Application accurately reflect the limits, Coverages and deductibles I desire.

3. In connection with this application for insurance, we may review your credit report, obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

EFFECTIVE DATE OF COVERAGE	DATED	APPLICANT SIGNATURE
	DATED	PRODUCER SIGNATURE

My (the producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason or basis to believe that the information is anything but truthful.