


GALLAGHER CHARTER LAKES COMMERCIAL MARINE INSURANCE APPLICATION

REGISTERED OWNER OR LEASEE - NAME & ADDRESS					 <b style="font-size: 1.2em;">Gallagher Charter Lakes <small>ARTHUR J. GALLAGHER & CO.</small>						
DOING BUSINESS AS:					3940 Peninsular Dr SE, Suite 100, Grand Rapids, MI 49546-6107 (616) 975-3500 1-800-879-2248 fax (616) 975-0670						
WORK PHONE		HOME PHONE		FAX NUMBER		E-MAIL ADDRESS					
DRIVERS LICENSE OF OWNER		DATE OF BIRTH		CURRENT INS. CARRIER		EXP. DATE OF CURR. POL		CURRENT PREMIUM			
VESSEL	NAME OF VESSEL			REG./DOC. NO.		HULL I.D. NO.					
<input type="checkbox"/> COMMERCIAL FISHING		<input type="checkbox"/> WORK BOAT		<input type="checkbox"/> BARGE		<input type="checkbox"/> CENTER CONSOLE		<input type="checkbox"/> LAFITTE SKIFF		<input type="checkbox"/> CREWBOAT	
<input type="checkbox"/> LANDING CRAFT		<input type="checkbox"/> PONTOON		<input type="checkbox"/> AIRBOAT		<input type="checkbox"/> OPEN RUNABOUT		<input type="checkbox"/> UTILITY SKIFF		<input type="checkbox"/> TUG	
YEAR	LENGTH	MANUFACTURER		MODEL		MATERIAL	BEAM	WEIGHT			
PURCHASE DATE		PURCHASE PRICE \$		NEW REPL. COST \$		DATE OF LAST SURVEY					
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"/> OB <input type="checkbox"/> IB <input type="checkbox"/> IO <input type="checkbox"/> JET DRIVE <input type="checkbox"/> SURFACE DRIVE				SERIAL NO. SERIAL NO.		ENGINE HOURS ENGINE HOURS				
EQUIPMENT	<input type="checkbox"/> GPS <input type="checkbox"/> SNIFFER <input type="checkbox"/> LIFE RAFT		<input type="checkbox"/> VHF <input type="checkbox"/> SAT-NAV <input type="checkbox"/> LP. GAS STOVE		<input type="checkbox"/> CHART PLOTTER <input type="checkbox"/> GENERATOR <input type="checkbox"/> AUTO-PILOT		<input type="checkbox"/> RADAR <input type="checkbox"/> SINGLE SIDE BAND <input type="checkbox"/> BURGLAR ALARM		<input type="checkbox"/> DEPTH FINDER <input type="checkbox"/> AUTOMATIC CO2 OR HALON <input type="checkbox"/> EPIRB		
TRAILER	YEAR	MANUFACTURER			SERIAL NO.						
WATERS NAVIGATED		DESCRIBE ALL AREAS OF NAVIGATION									
MOORING LOCATION		MARINA, CITY, STATE, ZIP CODE									
LAY-UP LOCATION		MARINA, CITY, STATE, ZIP CODE						LAID-UP FROM		TO	<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT
COVERAGE	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			POLLUTION LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDICAL PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO		PERSONAL PROPERTY \$				
GENERAL	GROSS ANNUAL RECEIPTS \$		# YEARS IN THIS BUSINESS		IS VESSEL OWNER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, PLEASE PROVIDE OPERATOR INFO ON PAGE 2)			ARE YOU A LICENSED CAPTAIN <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIBE ALL COMMERCIAL ACTIVITIES THIS VESSEL IS USED FOR, TO INCLUDE INDUSTRY INVOLVED IN, TYPE OF CARGO OR GOODS TRANSPORTED, DISTANCE OF TYPICAL TRIP AND/OR IF PASSENGERS ARE CARRIED.											
DO YOU PERFORM ANY SALVAGE WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU COMMERCIALY TOW OTHER VESSELS <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU TRANSPORT FUEL OR POLLUTANTS <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU TRANSPORT EMPLOYEES OF OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU TRANSPORT CARGO OF OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
MAXIMUM VALUE OF CARGO TRANSPORTED \$		DO YOU WANT CARGO COVERAGE QUOTED <input type="checkbox"/> YES <input type="checkbox"/> NO		IS VESSEL CHARTERED <input type="checkbox"/> YES <input type="checkbox"/> NO		IS VESSEL CHARTERED UNDER CONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPY OF CONTRACT		DO YOU CARRY PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO		# OF PASSENGERS	
# OF DAYS PER YEAR VESSEL IS USED COMMERCIALY			DO YOU EMPLOY CREW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE MAXIMUM # EMPLOYED ABOARD VESSEL			CAPTAIN/CREW COVERAGE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE MAINTENANCE AND OPERATION LOGS KEPT FOR THIS VESSEL <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)					DATE OF LAST HAUL OUT AND WORK COMPLETED						
IS THERE ANY PRE-EXISTING DAMAGE TO THIS VESSEL <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)				DO YOU OWN OR LEASE A DOCK <input type="checkbox"/> OWN <input type="checkbox"/> LEASE		DO YOU OWN OR LEASE BUILDING OR PREMISIS <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)					
HAS INSURANCE BEEN CANCELLED OR REFUSED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, PLEASE EXPLAIN									

CONTINUED ON NEXT PAGE

LOSS INFORMATION LIST ALL MARINE INSURANCE CLAIMS YOU HAVE FILED IN THE LAST FIVE YEARS – LIST DATE OF LOSS AND AMOUNT PAID (including crew type losses)

DATE	DETAILS OF CLAIM	AMOUNT PAID	STATUS
		\$	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
		\$	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
		\$	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED

LIST PREVIOUS VESSELS OWNED OR OPERATED

#	YEAR	LENGTH	MANUFACTURER	# YEARS
1.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED			
2.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED			
3.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED			

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

HAS ANY OPERATOR OF THIS VESSEL(S) BEEN INVOLVED IN A MARINE RELATED ACCIDENT IN THE PAST (3) YEARS NO YES (EXPLAIN)

CORPORATE OWNERSHIP AND CORPORATE OFFICERS

NAME	DOB	% 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

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

SPECIAL CONDITIONS / COMMENTS / ADDITIONAL COVERAGE CONSIDERATIONS

(PLEASE USE TO EXPLAIN ANY "YES" RESPONSES WHERE AN EXPLANATION IS REQUESTED)

- Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
- As part of underwriting procedures, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.
- By signing this document, and after careful consideration, I/we accept the proposal and declare that the statements contained within this Commercial Marine Application are true to the best of my knowledge and belief. The selections indicated within this Commercial Marine Application accurately reflect the limits, coverages and deductibles I/we desire. I/we understand the proposal provides only a summary of the details; the policies will contain the actual coverages. I/we confirm the values, schedules and other data contained in the proposal are from my/our records and acknowledge it is my/our responsibility to see that they are maintained accurately. I/we understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information. I/we understand that I/we have the right of access and correction with respect to all such information collected and that the company will provide further information regarding my/our statutory rights upon request.
- Gallagher's liability to Client arising from any acts or omissions of Gallagher shall not exceed \$20 million in the aggregate. Gallagher shall only be liable for actual damages incurred by Client, and shall not be liable for any indirect, consequential or punitive damages or attorneys' fees. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with this Agreement or any Services provided hereunder may be brought by either party any later than two (2) years after the accrual of such claim or cause of action.

HOW DID YOU HEAR ABOUT US?	EFFECTIVE DATE OF COVERAGE	APPLICANT SIGNATURE	DATED
My (the producer) signature verifies that all of the information on the 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.		PRODUCER (AGENT) SIGNATURE	DATED