GALLAGHER CHARTER LAKES COMMERCIAL MARINE INSURANCE APPLICATION

REGISTERED OWNER OR LEASEE	– NAME & ADDI	RESS					GARTH	PRODIT allagher IUR J. GALLAGHI	Charter ER & CO.	Lakes		
	3940 Peninsular Dr SE, Suite 100, Grand Rapids, MI 49546-6107											
DOING BUSINESS AS: WORK PHONE	IONE	FAX	FAX NUMBER			(616) 975-3500 1-800-879-2248 fax (616) 975-0670 E-MAIL ADDRESS						
DRIVERS LICENSE OF OWNER	DATE OF	BIRTH	CURREN	CURRENT INS. CARRIER			ATE OF CURR. POL		CURRENT PREMIUM			
VESSEL NAME OF VE	ESSEL		OC. NO.			HULL I.D. NO.						
COMMERCIAL FISHING LANDING CRAFT YEAR LENGTH MANUF	☐ WOR ☐ PONT FACTURER		BARGE AIRBOAT					AFITTE SKIFF TILITY SKIFF MATERIAL	F TUG			
PURCHASE DATE		PURCHASE PRICE \$			NEW REPL.	COST		DATE	DATE OF LAST SURVEY			
] GAS] DIESEL	YEAR OF ENGINE		MANUFACT	URER AND N	IODEL			NO. OF ENGINES	H.P. EACH		
SPEED TYPE OF DRIVE ☐ OB ☐ IB	□ IO □					RIAL NO. RIAL NO.			NGINE HOURS			
I CUSUIPINICIAI I 9 ·		GPS UVHF SNIFFER SAT-NAV LIFE RAFT LP. GAS STO		CH/		ER	☐ RADAR ☐ SINGLE SIDE BAND ☐ BURGLAR ALARM		☐ DEPTH FINDER ☐ AUTOMATIC CO2 OR HALON ☐ EPIRB			
TRAILER	EAR	MANUFACTURER			SEI	RIAL NO.						
WATERS NAVIG	ATED	DESCRIBE ALL AREAS OF NAVIGATION										
MOORING LOCA		MARINA, CITY, STATE, ZIP CODE										
LAY-UP LOCATION	ON	MARINA, CITY, STATE, ZIP CODE						LAID -UP FROM	☐ ASHORE TO ☐ AFLOAT			
COVERAGE \$		RY and EQUIPMENT VALUE (CURRENT MARKET VALUE)					DEDUCTIBLE \$	1	TRAILER VALUE \$			
LIABILIT LIMIT REQUESTED ☐ 100,000 ☐ 300,000 ☐	□1,000,000	POLLUTION LIABILITY ☐ YES ☐ NO				MEDICAL PAYMENTS ☐ YES ☐ NO	3	PERSONAL PROPERTY \$				
GENERAL s						R OPERATED YES		ARE YOU A LICENSED CAPTAIN ☐ YES ☐ NO				
DESCRIBE ALL COMMERCIAL ACT PASSENGERS ARE CARRIED.	IVITIES THIS VE	SSEL IS USED FOR, TO	INCLUDE IN	IDUSTRY IN\	OLVED IN, T	YPE OF (CARGO OR GOODS TR	ANSPORTED, DIS	STANCE OF TYPICAL	TRIP AND/OR IF		
DO YOU PERFORM ANY SALVAGE WORK YES NO		OMMERCIALLY TOW ESSELS YES NO		U TRANSPO	RT FUEL OR YES		DO YOU TRANSPORT		DO YOU TRANSPOI	RT CARGO OF		
MAXIMUM VALUE OF CARGO DO YOU WANT CARGO IS VESSEL CHARTERED IS VESSEL CHARTERED UN COVERAGE QUOTED YES □ NO □ YES □ NO							☐ YES ☐ NO					
# OF DAYS PER YEAR VESSEL IS U	IPLOY CREV	PLOY CREW? IF YES, WHAT			MAXIMUM # EMPLOYE	D CAPTAIN/O	CREW COVERAGE REQUESTED					
ARE MAINTENANCE AND OPERATI (EXPLAIN)	ARE MAINTENANCE AND OPERATION LOGS KEPT FOR THIS VESSEL NO YES DATE OF LAST HAUL OUT AND WORK COMPLETED											
IS THERE ANY PRE-EXISTING DAM (EXPLAIN)	ESSEL NO YE		DO YOU OWN OR LEASE A DOO			O DO YOU OWN OR LEASE BUILDING OR PREMISIS NO YES						
HAS INSURANCE BEEN CANCELLE YES NO	ED OR REFUSED	D IF SO, PLEASE EXP					(un)					

CONTINUED ON NEXT PAGE

LU	ss info	KIVIAIIV	(inclu	ding crew typ	e losses)								
	DATE		•		DETAILS	OF CLAIM				AMOUNT PAID	_	TUS	
										\$			
											☐ OPEN	l	
										\$	☐ CLOS		
										\$	☐ CLOS	ED	
LIS	T PREVI	<u>OUS VI</u>		S OWN	ED OR O	<u>PERAT</u>							
#	□ OWNED	YEAR	LENGTH				N	ANUFACTURER			# Y	EARS	
1.	OPERATED												
2.	☐ OWNED☐ OPERATED												
3.	☐ OWNED ☐ OPERATED												
ΩP		INFOR	MATIO	N (BEOU	DED IE VESSEL I	C ODEDATED	DV AI	NYONE OTHER THAN OWNE	ппет	ED ON FIRST DACE)			
#		NAME		TT (REQU	DATE OF E			ERS LICENSE NUMBER & ST		POSITION	USCGI	ICENSED	
1.					DAILOIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DIGIT	INO LIGHTOL HOMBER & OF	roomon	☐ YES			
2.	2.										☐ YES	□ NO	
HAS	ANY OPERATOR	OF THIS VESSE	L(S) BEEN INV	OLVED IN A N	IARINE RELATED A	CCIDENT IN TH	IE PAST	(3) YEARS NO YES	(EXPLA	IN)			
CO	RPORA	LE OM	IERSHI	P AND	CORPOR	RATE O)FFI	CERS					
 	•	NAME			DOB	% OWNER		TITLE	DO Y	OU OPERATE VESSEL	USCG LIC	ENSED	
										☐ YES ☐ NO	☐ YES	□NO	
										☐ YES ☐ NO	☐ YES		
<u> </u>													
AD	DITIONA	L INTE	RESTS	(PLEASE LI	ST NAME, ADDRI	ESS AND INT	EREST	OF ALL ADDITIONAL INSUF	REDS, C	ERTIFICATE HOLDERS	S AND LOSS	PAYEES)	
	NAME					ADDRESS: STREET, CITY, ZIP					INTEREST		
		NAME				ADDR	ESS: S	OTREET, CITY, ZIP		INTE	REST		
		NAME	1			ADDR	ESS: S	TREET, CITT, ZIP		IN TE		SS PAYEE	
		NAME	:			ADDR	ESS: S	TREET, CITT, ZIP			DER LO	SS PAYEE	
		IVAIVIL				ADDR	ESS: S	TREET, CITT, ZIP		☐ AI ☐ CERT HOL	DER LOS		
SPI	ECIAL C			СОММІ	ENTS / AD				ONS	AI CERT HOL	DER LOS	SS PAYEE	
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