

## CREWBOAT APPLICATION

|  |  |
|--|--|
| 1. Applicants Name and Mailing Address:  |  |
| 2. Describe the nature of the business:  |  |
| 3. Number of years in business:  |  |
| 4. Describe previous experience with similar operation or any other additional related experience: |  |
| 5. Loss history for business (5 years):  |  |
| 6. Describe area of operation including waters the vessel is operated in:                          |  |
| 7. a. Is crew boat service a set route between two points?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. If yes advise two points:   |  |
| c. If no describe usual routes:  |  |
| 8. Where is the vessel moored:   |  |
| 9. a. Is vessel laid up over winter:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Describe storage arrangements:  |  |
| 10. Annual Gross Receipts:   |  |
| 11. Average number of trips per week:  |  |
| 12. Indicate typical length of trip (kms):   |  |
| 13. Describe services offer on board:  |  |
| 14. Number of crew on board any one voyage:  |  |
| 15. Number of passengers on board any one voyage:  |  |
| 16. a. Are the vessel's crew covered by Workers' Compensation?                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Are the passengers covered by Workers' Compensation?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 17. All vessel operators' names, date of birth, experience, and claims history (past 5 years):     |  |
| a.   |  |
| b.   |  |
| c.   |  |

18. Describe permit or license obtained for each vessel in order to conduct this business:

19. a. Prior insurance company: \_\_\_\_\_ b. Policy No. \_\_\_\_\_  
 c. Ever been cancelled by an Insurance Company: Yes  No   
 d. If YES please advise why: \_\_\_\_\_

| Vessel Name             | Type/Class of Vessel           | Year Built & Length          | Hull Material          | Hull Serial # | Insured value requested |
|-------------------------|--------------------------------|------------------------------|------------------------|---------------|-------------------------|
|                         |                                |                              |                        |               |                         |
| Engine Manufacturer     | Engine Type (ie in/outboard..) | Year Built & H.P. per engine | Engine(s) Serial # (s) | Maximum Speed | Insured value requested |
|                         |                                |                              |                        |               |                         |
| Date Vessel Purchased   | Purchase Price                 | Date of last survey          | Trailer (make, year)   | Serial #      | Insured value requested |
|                         |                                |                              |                        |               |                         |
| Maximum # of passengers | Number of life jackets         | Other safety Equipment       |                        |               |                         |
|                         |                                |                              |                        |               |                         |

| Insurance coverages requested | Insured value OR Limit of Liability | Deductible | Rate | Annual Premium |
|-------------------------------|-------------------------------------|------------|------|----------------|
| 1. Hull and Machinery         |                                     |            |      |                |
| 2. Dinghy and dinghy motor    |                                     |            |      |                |
| 3. Trailer                    |                                     |            |      |                |
| 4. Protection & Indemnity     |                                     |            |      |                |
| 5. Other (describe in detail) |                                     |            |      |                |

Agent's Name and Address: \_\_\_\_\_

Agent / broker's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.