

SKIPPERED CHARTER VESSEL APPLICATION

1. Applicants Name and Mailing Address:		
2. Number of years in business:		
3. Additional related experience a/o certification:		
4. Type of charters:	Sightseeing <input type="checkbox"/>	Dive <input type="checkbox"/>
	Whale watching <input type="checkbox"/>	Water skiing <input type="checkbox"/>
	Instruction <input type="checkbox"/>	Other (<i>describe</i>) <input type="checkbox"/>
5. a. Annual Gross Receipts:	b. Number of Charters per year:	
6. Indicate typical duration of charter (ie day only or overnights):		
7. Any waterskiing or water toys (describe toys):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. a. Are food and beverages provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Any alcohol served on board:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Is food and beverage provided by a third party (ie caterer)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Is this third party required to provide proof of liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Number of crew on board any one charter:		
10. Are crew covered by Worker's Compensation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Maximum number of passengers any one charter:		
12. Describe passenger orientation and safety procedures given to passengers prior to boarding:		
13. Are passengers required to wear life jackets at all times once onboard:		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Where is the vessel moored:		
15. What waters does the vessel operate in:		
16. Describe area vessel trailered in if applicable:		
17. a. Usual Charter Season:		
b. Lay up period (if applicable):		
c. If laid up please describe lay up method (ashore, afloat etc...) and security details in full:		
18. All skippers' names, date of birth, experience, certification and claims history (past 5 years):		
a.		
b.		
<i>(attach separate page if necessary)</i>		

19) a. Do any of the skippers have first aid training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes please describe:		
20. a. Prior insurance company:	b. Policy No.:	
c. Expiry Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Ever been cancelled by an Insurance Company:		
e. If yes please advise why:		
21. a. Do you have a commercial general liability policy in force:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Insurer:	c. Policy No.:	

VESSEL DETAILS

(if more than one vessel please attach separate page with details)

Vessel Name	Type/Class of Vessel	Year Built	Length	Hull Material	Hull Serial Number
Engine Manufacturer	Engine Type (ie in/outboard..)	Year Built	Fuel	H.P. of Each Engine	Maximum Speed
Serial No. of Engines	Date Vessel Purchased	Purchase Price	Current Market Value	Replacement Cost	

Insurance Coverages Requested

	Insured Value/Limit Of Liability	Deductible	Rate	Annual Premium
1. Hull and Machinery*				
2. Dinghy and dinghy motor*				
3. Trailer*				
4. Boathouse*				
5. Protection & Indemnity				

**(Show total values all vessels above but indicate separate values with vessel descriptions)*

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.

Owner's/Skipper's Questionnaire

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

1. NAME OF OWNER/SKIPPER: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____ 4. HOW LONG HAVE YOU BEEN OPERATING? _____
5. CERTIFICATES/QUALIFICATIONS HELD: _____

6. DETAILS OF PREVIOUS VESSELS OWNED/SKIPPERED/CREWED ON IN THE LAST 5 YEARS:

(USE SEPARATE SHEET IF REQUIRED)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. CLAIMS/LOSS RECORD: HAS THE OWNER/SKIPPER HAD ANY CLAIMS OR LOSSES DURING THE LAST 5 YEARS ON ALL VESSELS OPERATED, WHETHER INSURED OR NOT YES NO
 IF YES, PLEASE COMPLETE THE FOLLOWING: (WRITE ON BACK IF NECESSARY)

YEAR	DETAILS OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

8. HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES/TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT: IF SO, GIVE BRIEF DETAILS INCLUDING DATE, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

9. I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO IT'S ACCEPTANCE.

DATE: _____ SIGNATURE: _____