

Watercraft Liability Insurance Application Supplement

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE ANSWER "NOT APPLICABLE" OR "N/A". IF THE ANSWER IS NONE, STATE "NONE" . IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION IT RESPONDS TO. LEAVE NO SPACE BLANK.

1. Name and address of Applicant: _____

2. Nature of applicant's operation for which coverage is desired _____

3. Mooring location: _____

4. Vessel Information:

Name of Vessel	Year Built	Gross Ton.	Material Of Hull	Type of Propulsion & H. P.	Type of Vessel	Length & Beam	No. Crew (Excl. Owner)	Max. No. of Passenger cert. by U.S.C.G.	Date of Last Drydocking

5. General:

- a) Are the crew and employees covered elsewhere for Jones Act to limits at least equal to the limits being requested under this policy?

- b) Experience of employee's and licenses: _____

- c) Does the applicant have a vessel safety program? If yes, describe: _____

- d) Are there any persons (other than crew or employees) working on or from the owned / operated scheduled vessels? If yes, explain below:

- e) Is hull insurance (including collision and towers, if applicable, to hull value) purchased?
If No, explain: _____

- f) Describe how food is served (sit down, buffet, catered, snack) _____
- g) What are your estimated receipts from operations (ex. Alcohol) _____
- h) What are your estimated receipts for alcohol (if any) _____
- i) Does this placing include all vessels operated by the applicant or affiliated or subsidiary companies?

If No, explain: _____
- j) Present insuring company: _____
- k) Has any company ever cancelled or declined to issue or renew this form of insurance for this applicant?

Reason: _____

6. Loss History. List all claims/occurrences made against you during the past five (5) years resulting from operations (all vessels owned or operated by the applicant including vessels sold or lost) covered by this form of policy. If “none”, state “none”.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt. of Loss before any deductible	Current Status Paid or Outstanding

PLEASE ATTACH YOUR AUDITED FINANCIAL STATEMENT. FAILURE TO PROVIDE AN AUDITED FINANCIAL STATEMENT MAY RESULT IN A PREMIUM SURCHARGE.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

PRODUCER’S SIGNATURE: _____ DATE: _____

APPLICANT’S SIGNATURE: _____ DATE: _____