

Skipped Charter Vessel Application

Applicants Name: _____

Mailing Address: _____

Number of years in business: _____

Additional related experience a/o certification: _____

Type of charters: Sightseeing Dive Sport Fishing
 Whale Watching Water Skiing Water Sports
 Instruction Other(describe)

Annual Gross Receipts: \$ _____ Number of Charters per year: _____

Indicate typical duration of charter (ie day only or overnights): _____

Any waterskiing or water toys (describe toys): Yes No

Are food and beverages provided: Yes No
 Any alcohol served on board: Yes No
 Is food and beverage provided by a third party (ie caterer) Yes No
 Is this third party required to provide proof of liability insurance? Yes No
 Number of crew on board any one charter?: _____ Are crew covered by Worker's Compensation: Yes No

Maximum number of passengers any one charter: _____

Describe passenger orientation and safety procedures given to passengers prior to boarding: _____

Are passengers required to wear life jackets at all times once onboard: Yes No

Where is the vessel moored: _____

What waters does the vessel operate in: _____

Describe area vessel trailered in if applicable: _____

Usual Charter Season: _____

Lay up period (if applicable): _____

If laid up please describe lay up method (ashore, afloat etc...) and security details in full: _____

- List All Skippers' and submit a separate skipper questionnaire for each (see Supplement questionnaire attached).

Previous insurance company: _____ Policy No. _____

Renewal Premium: \$ _____ Expiry Date: _____

Ever been cancelled by an Insurance Company: Yes No

If yes please advise why: _____

Do you have a commercial general liability policy in force?: Yes No

Insurer: _____ Policy No.: _____

Watercraft Schedule:

DETAILS OF VESSEL: #

Vessel Type In/Outboard Outboard Inboard Jet Drive Max Speed: _____
Hull Type Fiberglass Wood Plywood F/G Over Wood Steel Aluminum Other _____

	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Aux.)					
Trailer					

Current Values:

Hull: \$ _____ Main Motor: \$ _____ Aux. Motor: _____ Trailer: _____

DETAILS OF VESSEL: #

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Hull Type Fiberglass Wood Plywood F/G Over Wood Steel Aluminum Other _____

	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Aux.)					
Trailer					

Current Values:

Hull: \$ _____ Main Motor: \$ _____ Aux. Motor: _____ Trailer: _____

Insurance Coverage's Required	Total Values	Rate	Premium
Hull & Machinery (total of all vessels)	\$		
Protection & Indemnity: for each vessel	\$		
Total # of Watercraft to be insured?	#		

Date: _____

Brokerage: _____

Address: _____

Agents Signature: _____

EMAIL: _____

PHONE #: _____ **FAX:** _____

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: _____