



## Skipped Charter Vessel Application

Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Additional related experience a/o certification: \_\_\_\_\_

Type of charters:	Sightseeing <input type="checkbox"/>	Dive <input type="checkbox"/>	Sport Fishing <input type="checkbox"/>
	Whale Watching <input type="checkbox"/>	Water Skiing <input type="checkbox"/>	Water Sports <input type="checkbox"/>
	Instruction <input type="checkbox"/>	Other(describe) <input type="checkbox"/>	

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

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: \_\_\_\_\_

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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: \_\_\_\_\_