

Commercial Passenger Vessel Application



1. Has your vessel(s) been through the SVCP blue decal program? Yes No
2. Company Name / Insured: _____
3. Address: _____
4. Website: _____
5. Description of charter operations (provide specific details, include what you are seeing and / or doing)

6. Average speed on charters: _____
7. Max speed on charters: _____
8. Does your vessel perform other operations besides charters? Yes No
If "Yes", please describe

9. Maximum number of passengers legally allowed aboard vessel: _____
10. Average duration of a typical charter: _____
11. Number of charters per year: _____
12. Typical charter season: _____
13. Navigation / operating area (trading limits): _____

14. Do you serve food, beverages, or alcohol? Yes No
If "Yes", please describe

15. Do you provide an orientation / safety briefing for passengers? Yes No
If "Yes", please describe

16. Do you perform overnight charters? Yes No
If "Yes", please describe

17. VESSEL DETAILS

| | Vessel 1 | Vessel 2 |
|-------------------------------|----------|----------|
| Age of vessel | | |
| Year purchased | | |
| Year re-built | | |
| Make and model | | |
| Length | | |
| Maximum speed | | |
| Hull material | | |
| H.I.N. # | | |
| Market value of vessel | | |
| Replacement cost of vessel | | |
| Tender details (size, engine) | | |

18. MAIN ENGINE DETAILS

| | Make | Year | HP | Market Value | Serial No. |
|-------------|------|------|----|--------------|------------|
| Engine 1 | | | | | |
| Engine 2 | | | | | |
| Aux. Engine | | | | | |

19. TRAILER DETAILS

| | Make | Year | V.I.N. | Market Value |
|-----------|------|------|--------|--------------|
| Trailer 1 | | | | |
| Trailer 2 | | | | |

If your vessel is over 15 years old, do you have a condition & valuation survey?
 If "Yes", please attach a copy

Yes No

20. MOORAGE / STORAGE:

Where is your vessel moored during the following seasons?

Operating season:

Off season:

21. EQUIPMENT

Do you have equipment that goes on and off the vessel which requires coverage?

Yes No

If "Yes", please describe (include insured value and security / storage during non-operating hours)

22. OPERATOR INFORMATION

| Names of Operators | Experience (Years) | CTAG Certifications / other Certifications | Amount of Claim |
|--------------------|---------------------|--|-----------------|
| | | | |
| | | | |
| | | | |

23. CLAIMS INFORMATION

Have you ever had any marine insurance claims or losses? Yes No
If "Yes", please provide details below

| Date | Description of the Loss | Amount of Claim |
|------|-------------------------|-----------------|
| | | |
| | | |
| | | |

Has your insurance ever been cancelled? Yes No
If "Yes", please provide explanation why

| Coverages | Amount of Insurance |
|--|--|
| Hull & Machinery | |
| Outboard Motor(s) | |
| Auxiliary Outboard Motor | |
| Total Hull & Machinery | |
| Protection & Indemnity | |
| Other Equipment - Including Tackle and Downriggers | |
| Boat Trailer | |
| Loss Payee & Address: | Previous Insurer(s) & Policy #: |
| Effective From: | Effective To: |
| Signature of Owner(s): | I UNDERSTAND THE ABOVE INFORMATION, WHICH IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS OF INSURANCE, IF GRANTED, BUT DOES NOT OBLIGATE ME TO ACCEPT THE INSURANCE NOR THE COMPANY TO ACCEPT THE RISK. |
| Date: | |

Completion of this application does not constitute coverage, nor bind the company to accept risk.