



### SKIPPED 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"/> 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 ( <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. a. Have you had any claims or losses in the past 5 years? If so, please provide details:  b. Have you been involved in any major losses at any time? If so, please provide details:	

19. Please complete the attached Owner's/Skipper's Questionnaire for all owners and/or operators.

20) a. Do any of the skippers have first aid training? Yes  No   
 b. If yes please describe:

21. a. Prior insurance company: \_\_\_\_\_ b. Policy No.: \_\_\_\_\_  
 c. Expiry Date: \_\_\_\_\_  
 d. Ever been cancelled by an Insurance Company: Yes  No   
 e. If yes please advise why: \_\_\_\_\_

22.a. Do you have a commercial general liability policy in force: Yes  No   
 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 Colour & Material	Hull License 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.

**SKIPPED CHARTER SUPPLEMENTARY SAFETY QUESTIONNAIRE**

Applicant:		
<b>PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:</b>	<b>YES</b>	<b>NO</b>
1. Do you have a written safety and procedure manual? If yes, please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a procedure checklist to be followed by all skippers & staff? If yes, please attach a copy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you keep a log or journal to record any and all incidents?	<input type="checkbox"/>	<input type="checkbox"/>
4. a. Do you conduct pre-activity briefing with charter passengers? b. Describe in detail:	<input type="checkbox"/>	<input type="checkbox"/>
5. What is the maximum number of passengers allowed per vessel?		
6. Are there any age restrictions for charter passengers?	<input type="checkbox"/>	<input type="checkbox"/>
7. a. Are life jackets provided to all passengers? b. Are passengers required to wear lifejackets at all times whilst aboard vessel?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. a. Are all vessels equipped with communication devices? b. If yes please describe:	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

By signing this questionnaire 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.