

Fleet Application Form

Section One: Assureds Details

INSUREDS NAME:		
FULL MAILING ADDRESS: This should include ZIP/Post Code where available:		
BENEFICIAL OWNER: This should be completed if these vessels are insured in a company name or if the beneficial owner of the vessels is someone other than the Named Insured:		
EFFECTIVE DATE FROM: (MM/DD/YR)	TO: (MM/DD/YR)	0.01hrs LST

Section Two: Coverage Limits

COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER	
COVERAGES (please use US Dollars)	DESIRED LIMIT
HULL PHYSICAL DAMAGE	Please detail on schedule for each vessel
TENDER/DINGHY	Please detail on schedule if desired, for each vessel
MEDICAL PAYMENTS	USD (\$):
PERSONAL PROPERTY	Please detail on schedule if desired, for each vessel
TRAILER	Please detail on schedule if desired, for each vessel
MORTGAGEES INTEREST PROTECTION (LOSS PAYEE MUST BE DETAILED ON PAGE 3)	Please detail on schedule if desired, for each vessel
THIRD PARTY LIABILITY :	USD (\$):
LIABILITY TO PAID CREW:	USD (\$):
COMMERCIAL PASSENGER LIABILITY:	USD (\$):
UNINSURED BOATERS:	Included at \$100,000 or individual hull limit, whichever is greatest.
TOWING (\$300 or \$500 limits available):	USD (\$):

Section Three: Navigation and Security

PRIMARY MOORING LOCATION OF VESSELS (INCLUDING ZIP/POST CODE WHERE AVAILABLE) BETWEEN JULY 1ST – NOV 1ST
WHAT ANTI-THEFT PRECAUTIONS ARE THERE WHEN THE VESSELS ARE BEING STORED OR MOORED?
PLEASE DETAIL ALL WATERS TO BE NAVIGATED DURING THE POLICY PERIOD

Section Four: General Information

1	ARE THE VESSELS USED FOR FARE PAYING PASSENGERS?	YES	NO	IF YES, NUMBER OF PASSENGERS PER TRIP	
				MAXIMUM:	AVERAGE:
				NUMBER OF TRIPS PER YEAR	
				MAXIMUM:	AVERAGE:
2	ARE THE VESSELS CHARTERED TO OTHERS WITH A CAPTAIN?	YES	NO	IF YES, COMPLETE CAPTAIN CHARTER SUPPLEMENTARY SHEET	
3	DOES THIS APPLICANT EMPLOY PAID CREW	YES	NO	IF YES, HOW MANY?	
4	ARE THE VESSELS CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT/BOAT CLUB)?	YES	NO	IF YES, COMPLETE BAREBOAT CHARTER SUPPLEMENTARY SHEET IF A BOAT CLUB PLEASE PROVIDE A LIST OF MEMBERS	
5	ARE THE VESSELS USED FOR WATERSKIING OR DIVEBOAT CHARTER?	YES	NO	IF YES, PROVIDE DETAILS	
6	ARE THE VESSELS USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?	YES	NO	IF YES, PROVIDE DETAILS	
7	WILL THE VESSELS BE OPEATED SINGLE HANDEDLY AT NIGHT?	YES	NO	IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?	
8	DOES ANYONE RESIDE ABOARD THE VESSELS	YES	NO	IF YES, FOR HOW LONG DURING THE POLICY PERIOD?	
9	WILL THE VESSELS PARTICIPATE IN ANY RACES/REGATTAS/RALLYS/SPEED TRIALS DURING THIS POLICY PERIOD?	YES	NO	IF YES, COMPLETE RACING SUPPLEMENTARY SHEET	
10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	YES	NO	IF YES, PROVIDE DETAILS	
11	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)	YES	NO	IF YES, PROVIDE DETAILS	
12	HAVE YOU OR ANY NAMED OPERATED BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?	YES	NO	IF YES, PROVIDE DETAILS	

Guidance Notes

Question Two:	If yes, please complete a <i>Captain Charter Supplementary Sheet</i>
Question Three	If yes, please complete a <i>Crew Supplementary Sheet</i>
Question Four:	If yes, please complete a <i>Bareboat Charter Supplementary Sheet</i>
Question Nine:	If yes, please complete a <i>Racing Supplementary Sheet</i>

Section Five: Operator Information Section

WARNING: This is a named operator only policy. Any person operating any fleet vessel without providing full details and receiving written acceptance by underwriters will NOT be covered.

ALL VESSEL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE COMPLETE ADDITIONAL OPERATOR SHEETS THAT HAVE BEEN PROVIDED.				
A	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years
1				
		Yrs of Boat Ownership		Yrs of Boating Experience
		Boating Qualifications		
		Lengths and Manufacturers of Previous vessels Owned or Operated		
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES please give details & amounts paid:		
		Have you ever been convicted of a criminal offence or pleaded no contest?		
2	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years
		Yrs of Boat Ownership		Yrs of Boating Experience
		Boating Qualifications		
		Lengths and Manufacturers of Previous vessels Owned or Operated		
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES please give details & amounts paid:		
		Have you ever been convicted of a criminal offence or pleaded no contest?		

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY. ANY PERSON OPERATING THIS VESSEL WITHOUT PROVIDING FULL DETAILS & RECEIVING WRITTEN ACCEPTANCE BY UNDERWRITERS WILL NOT BE COVERED.

Section Six: Additional Information Section

LOSS PAYEE(S):

Please provide a name and full mailing address for each Loss Payee:

ADDITIONAL ASSURED(S) REQUIRED

Please provide a full name, address and reason for inclusion as an additional assured for each individual detailed:

ADDITIONAL INFORMATION

Please provide any additional information that you believe will assist when assessing your application for insurance:

PLEASE READ BEFORE SIGNING APPLICATION

1. **This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.**
2. **Any misrepresentation in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.**
3. **Fraud Statement - please see page 5 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.**

<p>AUTHORISED FLEET REPRESENTATIVE SIGNATURE:</p>	<p>PRINT NAME AND STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED INSURED/BENEFICIAL OWNER</p>	<p>SIGNATURE DATE:</p>
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Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony*

*In Florida – Third Degree Felony

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to the criminal prosecution and civil penalties

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.