**After completing this form, *save it*, then : upload it and the other relevant documents through our INTAKE FORM - CLICK HERE** INTAKE FORM LINK

# CHARTER VESSEL INSURANCE APPLICATION

| | |
|---|---|
| Requested Effective Date: | General Agent Code: Producer Code: |
| Applicant Name & Address:<br><br>Principal Contact; Title<br><br>Phone Number: | Producer Name & Address<br>KELLY INSURANCE GROUP, INC.<br>700 RIVER AVENUE<br>PITTSBURGH, PA 15212<br><br>Producer Phone Number: (412) 325-1650<br>Fax Number: (412) 325-1657 |
| Physical Address Of Operation, List All Locations:<br><br>Website address (if applicable):<br><br>Mooring County: | **ADDITIONAL INTEREST(S)**<br>Name & Address:<br><br>Relationship To Applicant: |
| **LIENHOLDER**<br>Name And Address | **PREMIUM FINANCE COMPANY**<br>Name And Address |

How Are Watercraft Used By This Operation?

What Is The Experience Of The Principals With This Type Of Operation?

| **ORGANIZATION** | **OPERATING PERIOD** | **OPERATING FROM** | |
|---|---|---|---|
| ☐ Individual<br>☐ Partnership<br>☐ Corporation<br>☐ Joint Venture<br>☐ Other | ☐ Year Round<br>☐ Seasonally<br>From:<br>To: | ☐ Marina<br>☐ Beach Front<br>☐ Public Ramp<br>☐ Other: | How Many Years Has Applicant Owned/Operated This Business?<br>How Many Years Has Applicant Operated From This Location?<br>Gross Receipts For This Operation Last Year: $<br>Projected Gross Receipts For This Year: $ |

List And Describe All Other Commercial Activities Conducted On The Premise, Whether Owned Or Non-Owned:

If Owned, Is There Other Insurance In Force?
☐ No ☐ Yes, Explain:

Previous Insurance Carrier:

Expiration Date:

Has Any Company Ever Canceled Or Non-Renewed Insurance For This Applicant?
(Missouri residents Need Not Answer)
☐ No ☐ Yes, Explain:

## NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION

☐ US INLAND RIVERS/WATERWAYS ONLY
☐ COASTAL Up To 25 Miles Offshore
☐ ATLANTIC ☐ PACIFIC ☐ GULF ☐ BAHAMAS
☐ GREAT LAKES & TRIBUTARIES ☐ ENSENADA, MX
☐ LAKE MEAD, POWELL OR TAHOE

**Extended Navigation Limits -**
**NO BINDING AUTHORITY IS EXTENDED**
Submit for approval with detailed boating experience resume, MVR and current survey. Offshore navigation limit desired:
☐ 25 – 50 MILES OFFSHORE ☐ 50 – 75 ☐ 75 – 100

**MOORING LOCATION OF VESSEL WHEN IN USE**—MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP

OPERATING PERIOD: ☐ YEAR ROUND ☐ SEASONAL

**LAY-UP LOCATION WHEN NOT IN USE**—MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP

TYPE OF LAY-UP: ☐ ASHORE ☐ AFLOAT

**WHEN NOT IN USE, VESSEL IS:**
☐ **ASHORE** ☐ **AFLOAT** (NO LAYUP CREDIT ALLOWED IF AFLOAT)

**WARRANTED ON SHORE LAY-UP PERIOD (MM/DD/YY)**
**FROM: TO:**

## FIVE YEAR CLAIMS HISTORY - WATERCRAFT & PREMISES

| Date Of Event | Details Of Loss Or Claim | Amount Of Claim | Status |
|---|---|---|---|
| | | | |

# CHARTER VESSEL USE SECTION (A)

## OPERATOR AND CREW INFORMATION (REQUIRED)

| # | NAME | DATE OF BIRTH | DRIVERS LICENSE NUMBER AND STATE | POSITION | USCG LICENSE |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Any Accidents or moving violations in the prior three (3) years?
☐ No ☐ Yes, Explain:

Does The Owner Employ A Captain, Crew Or Other Employees To Operate Or Maintain This Vessel?
☐ No ☐ Yes, Explain:

Number of Crew:

Does The Operator or Master Hold The Appropriate License For This Vessel And Usage?
☐ No ☐ Yes, Explain:

A) Crew Positions Are: ☐ Full Time: ☐ Part Time: ☐ Seasonal: ☐ Volunteer:

B) Are Employees In Good Health And Able To Handle The Responsibilities Of This Job? ☐ No ☐ Yes

C) Is Any Employee Under Medical Care, Taking Medication Or Seeking Treatment At This Time? ☐ No ☐ Yes

D) Is Any Employee Covered Under Any Workers Compensation Or Other Benefits Program? ☐ No ☐ Yes

E) Is Any Employee Enrolled Or Participating In Any Safety Programs? ☐ No ☐ Yes

F) Has Any Employee Been Hospitalized Within The Past Year? ☐ No ☐ Yes

Explain If Yes Was Answered
To Any Of The Above Questions:

## VESSEL INFORMATION

| DOCUMENTATION | VESSEL NAME | LENGTH | WEIGHT | TOTAL HP | MAX SPEED | FUEL | FUEL CAPACITY |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ GASOLINE ☐ DIESEL | |

| PROPERTY | YEAR | MANUFACTURER & MODEL NAME | HULL ID / SERIAL NUMBER | PURCHASE DATE | PURCHASE PRICE | CURRENT VALUE |
|---|---|---|---|---|---|---|
| VESSEL | | | | | | |
| ENGINE #1 | | HP: | | | | |
| ENGINE #2 | | HP: | | | | |
| TENDER | | | | | | |
| TENDER ENGINE | | HP: | | | | |
| TRAILER | | | | | | |
| EQUIPMENT | | | | TOTAL FROM EQUIPMENT SCHEDULE | | |
| | | | | TOTAL VALUE: VESSEL, ENGINES, TENDER, TRAILER PLUS EQUIPMENT (FROM PAGE 4) | | |
| PERSONAL EFFECTS | | | | TOTAL FROM PERSONAL EFFECTS | | |

| BOAT TYPE | BOAT POWER | HULL TYPE | HULL MATERIAL | SAFETY/ ANTI-THEFT EQUIPMENT | |
|---|---|---|---|---|---|
| ☐Aux-Sailboat | ☐Inboard | ☐V – Hull | ☐Fiberglass | ☐Marine Compass | ☐Outboard/Outdrive Locks |
| ☐Bass Boat/Flats Boat | ☐Outboard | ☐Deep V – Hull | ☐Advanced Composite | ☐Depth Finder | ☐Propeller Hub Locks |
| ☐Express Cruiser | ☐Inboard/Outboard | ☐Bi – Hull | ☐Wood | ☐VHS/Ship To Shore Radio | ☐Trailer Ball or Axle Locks |
| ☐Motor Yacht | ☐Jet Drive | (Cat, Pontoon) | ☐Aluminum | ☐Loran, Sat Nav Or GPS | ☐Vapor Detection System |
| ☐Runabout | ☐Airboat | ☐Tri – Hull | ☐Steel | ☐Radar | ☐Smoke Detectors |
| ☐Sport Fisherman | ☐Sail (Indicate Rig) | ☐Tunnel Hull | ☐Inflatable | ☐EPIRP | ☐Auto Fire Extinguisher In Engine Space |
| ☐Trawler | ☐Other: | ☐Displacement | ☐Other: | ☐Electronic Burglar Alarm | |
| ☐Other: | | ☐Other: | | | |

# CHARTER VESSEL USE SECTION (B)

Does Vessel Comply With All USCG Requirements?
☐ No ☐ Yes, Explain:

Are Maintenance And Operation Logs Kept For This Vessel?
☐ No ☐ Yes, Explain:

Date Of Last Haul Out & Work Completed:

Have The Vessel, Engine(s) Or Operating Equipment Been Modified Or Altered From Their Original Stock Condition?
☐ No ☐ Yes, Explain:

Is There Any Pre-Existing Damage To This Vessel?
☐ No ☐ Yes, Explain:

| | |
|---|---|
| Days Per Year This Vessel is Chartered: | Days Per Year This Vessel Is Used For Pleasure Only: |
| Maximum Number Of Passengers For Hire – per USCG designation: | Average Number Of Passengers For Hire: |
| Do Passengers Stay Onboard The Vessel Overnight? ☐ No ☐ Yes, Explain: | Is Food Or Liquor Served To The Passengers? ☐ No ☐ Yes, Explain: |
| Do Passengers Swim, Snorkel Or SCUBA From The Vessels? ☐ No ☐ Yes, Explain: | Do You Tow Passengers On Water-Skis Or Water Toys? ☐ No ☐ Yes, Explain: |

Remarks or Explanations:

## SCHEDULE OF VESSEL EQUIPMENT

Itemize Equipment That Is Generally Kept Onboard And Required For The Safe Operation, Navigation Or Maintenance Of The Watercraft. **This Coverage Is Not Automatic**. Include The Total On Page 3. Use additional sheet if necessary.

| DESCRIPTION, MAKE, MODEL | SERIAL NUMBER | PURCHASE DATE | PURCHASE PRICE | CURRENT VALUE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| **Miscellaneous Vessel Equipment, Where The Value For No Single Item Is Greater Than $500 (Limit $1,000)** | | | | |
| | | | **TOTAL VESSEL EQUIPMENT** | |

## SCHEDULE OF PERSONAL EFFECTS

List Items Which Belong To You Such As Fishing Gear, Cameras, Scuba Equipment, Portable Radios, And Wearing Apparel, Etc., For Which You Desire Coverage. **This Coverage Is Not Automatic**. Include On Page 3

| DESCRIPTION, MAKE, MODEL | SERIAL NUMBER | PURCHASE DATE | PURCHASE PRICE | CURRENT VALUE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| **Miscellaneous Personal Effects, Where The Value For No Single Item Is Greater Than $500 (Limit $1,000)** | | | | |
| | | | **TOTAL PERSONAL EFFECTS** | |

## COVERAGE AND PREMIUMS

| COVERAGE | LIMITS REQUESTED | DEDUCTIBLE | PREMIUM |
|---|---|---|---|
| WATERCRAFT AND EQUIPMENT | | (GREATER OF 2% OR $500) % | |
| WATERCRAFT LIABILITY | | | |
| CREW LIABILITY (50,000/100,000) | (NUMBER OF CREW, MAX 3) | 1000 | |
| WATERSPORT LIAB = LIAB LIMIT (MAX 300 CSL) | | | |
| UNINSURED BOATER =LIAB LIMIT (MAX 300 CSL) | | | |
| MEDICAL PAYMENTS ($10,000 MAX) | | 0 | |
| PREMISES LIABILITY (SUBMIT PREMISES APP.) | | 0 | |
| PERSONAL EFFECTS | | 250 | |
| POLLUTION LIABILITY (500 CSL) | | | |
| TRAILER PHYSICAL DAMAGE | | 250 | |

## PAYMENT OPTIONS

☐ Total Annual Premium * $5 fee per installment

☐ 2 PAY PLAN* - 50% down, 50% due 90 days. Written premium must be greater than $500.

☐ 3 PAY PLAN* - 40% down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than $750.

☐ 6 PAY PLAN* - 30% down, 15% due in 60, 90, 150, 210 and 10% due in 270 days. Written premium must be greater than $1,500.

**Please Provide The Following:**

☐ Copy Of Any Required Captain Or Guides License

☐ Recent Marine Survey If Vessel Is Over 10 Years Old

☐ Photos Of The Uncovered Vessel; Bow, Side & Stern

☐ Markel Premises Liability Application, If This Coverage Is Desired

☐ Resume Of Captain & Crew Describing Marine Experience

☐ USCG Certificate Of Inspection If Applicable

☐ Any Promotional Brochure or Website Address

## APPLICANT'S STATEMENT AND SIGNATURE

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. I understand that if my watercraft is used in any official or pre-arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit for hull coverage is the actual cash value (ACV) at the time of the loss or the stated ACV above, whichever is less. The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but in no way binds the applicant to accept quotation or insurers to accept risk.

**FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information.**

| | |
|---|---|
| AZ | For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. |
| CA | 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. |
| NY | 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. |
| OR | Any person who knowingly presents a 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. |
| PA | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 subjects such person to criminal and civil penalties. |

| | |
|---|---|
| **APPLICANT 'S SIGNATURE:** NOT REQUIRED for QUOTING **DATE:** | **PRODUCER'S SIGNATURE:** **DATE:** |
| TITLE (REQUIRED IF BOAT IS CORPORATELY TITLED) | HOW LONG HAS THIS APPLICANT BEEN YOUR CLIENT? |



KELLY INSURANCE

# ADDITIONAL INFORMATION SECTION

**A.)** **PLEASE DESCRIBE EXPERIENCE in YOUR FIELD of OPERATIONS :**

**B.)** **PLEASE DESCRIBE (in detail) Your BUSINESS OPERATIONS :**

**C.)** **PLEASE PROVIDE ANY CLARIFICATIONS, ADDITIONAL OPERATIONS INFORMATION, or ANY OTHER RELEVENT INFORMATION THAT WILL HELP OUR UNDERWRITERS WITH YOUR FILE :**

**YOUR PREVIOUSLY INPUT INFORMATION FROM PAGE 3**

**D.)** **On Page 4, there were a few additional documents that may be required from You by our underwriters. Although there are occasions where some of these documents are not needed, these documents can help expedite the process and provide more favorable result. Please attach/upload these documents to the INTAKE FORM.**

Copy Of Any Required Captain Or Guides License
Recent Marine Survey If Vessel Is Over 10 Years Old
Photos Of The Uncovered Vessel; Bow, Side & Stern
Resume Of Captain & Crew Describing Marine Experience (or detailed experience entry above)
USCG Certificate Of Inspection If Applicable
Any Promotional Brochure or Website Address

**F.)** **For Participant OPERATIONS (Tubing, Fishing, Scuba Diving, Water Skiing, Wake Boarding, etc.) : Do YOU have WAIVERS Signed by all PARTICIPANTS?** ___**YES** ___**NO**

**F.1) If YES, could you please have a sample WAIVER ready to upload into the INTAKE FORM** ☐

**F.2)** **For Participant OPERATIONS (Tubing, Fishing, Scuba Diving, Water Skiing, Wake Boarding, etc.) :**

**Please PROVIDE :**

***AVERAGE # of PARTICIPANTS at any ONE TIME : _____**

***MAXIMUM # of PARTICIPANTS at any ONE TIME : _____**

***ANYONE UNDER the AGE of 18 or over 65 ALLOWED to PARTICIPATE?** ___**YES** ___**NO**

**If YES, please describe here :**

***AVERAGE COST PER PARTICIPANT : _____**

***GUESSTIMATED NUMBER of OUTINGS ANNUALLY : _____**

***BODIES of WATER where THESE ACTIVITIES OCCUR :**

_____

***MAXIMUM DISTANCE off COAST? _____**

***DETAILED DESCRIPTION of ALL WATERSPORT ACTIVITIES :**

**After completing this form, save it, then : upload it and the other relevant documents through our INTAKE FORM - CLICK HERE** **INTAKE FORM LINK**

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