



MARKEL MARINE TRADESMAN INSURANCE APPLICATION

AGENT INFORMATION			
General Agent Code:		Producer Code:	
Producer Name:			
Producer Address:			
Producer Phone #:			
Desired Effective Date:		Agent Contact Email:	

Section 1 – BUSINESS INFORMATION

Named Insured: <small>(include DBA names)</small>		Tax I.D.#:	
Operations Address:			
Mailing Address:			
Primary Phone #:		Email Address:	
Secondary Phone #:		Website Address:	

Section 2 – OWNER/DESIGNEE INFORMATION

Name:		Date of Birth:	
Home Address:		Social Security #:	

Section 3 – BUSINESS DETAILS

What is the zip code of the vessel mooring location?	
Describe all ways in which the vessel is used.	
What year did the applicant purchase or establish this business?	
Has any company cancelled, non-renewed or refused to offer insurance (including under any prior names)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.	
Are any of the vessels homemade or have any of the vessels, engines or operating equipment been modified or altered from original, stock condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.	
Is any vessel currently being held for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone involved with this business ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST AND DESCRIBE ALL PRIOR (BUSINESS AND MARINE) LOSSES OR CLAIMS:

Date of Loss	Detailed Description of the Loss	Amount Paid
		\$
		\$
		\$

➤ THIS PAGE MUST BE COMPLETED IN ITS ENTIRETY FOR ALL RISK TYPES ◀

Section 3 – BUSINESS DETAILS (cont'd.)			
Has the applicant or business operated under any other name?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe.			
What year was this business incorporated under this name?			
Describe the owner's experience with this type of Operation and vessel usage?			
Who is your current insurance carrier?			
How many days per year is the vessel(s) used commercially?			
Does the owner employ a Captain, Crew, or other employees to Operate or Maintain the vessel(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of crew.
Is any vessel used as a liveaboard?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do individuals stay onboard overnight?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is swimming, snorkeling, SCUBA, or diving allowed from any vessel?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe.			
Are the vessels seaworthy and fit for their intended use?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, describe.			
Do you lease a vessel from or to another party?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe.			
List and describe any other insurance in force for this business.			
Is there any affiliation with a camp or youth group?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe.			
Do you have a relationship with any legal entity, other than a marina or yacht club that will require legal protection as an Additional Insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe the relationship and their ability to control any aspect of your business.			
Additional Insured(s) Name & Address:			

Explain 'Yes' answers below if additional space needed:

**OPERATOR/CAPTAIN INFORMATION IS REQUIRED FOR:
 CHARTER, CHARTER – GUIDE, OWNER/OPERATOR, BOAT SCHOOL & COMMERCIAL FISHING RISKS**
 (NOT required for: Rental, Boat Club, Bareboat and Bed & Breakfast risks)

Section 4 – PRIMARY OPERATOR/CAPTAIN INFORMATION

Full Name:		Date of Birth:				
Driver's License #:		License State:	Year USCG Licensed:			
Describe and provide the month/year for all Motor Vehicle Violations and Accidents in the last 3 years: (If none, write <i>none</i> .)						
Describe and provide the month/year for any marine losses that have occurred personally or for any vessel when this operator was in control. (If none, write <i>none</i> .)						
Does the operator take any medicine or substance that could impair physical or cognitive ability? If yes, describe. If none, write <i>none</i> .						
Outline experience below for the last 3 vessels owned or operated:						
Vessel Year	Builder	Length	From (Mo/Yr)	To (Mo/Yr)	Owned	Operated
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 – CREW COVERAGE INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR CHARTER ONLY IF CREW COVERAGE IS DESIRED:

Describe training and safety courses taken:	
If the Captain/Skipper is the owner, what percentage of the charters will they act as the Charter Captain?	
Has the operator sustained any injuries that required a doctor visit, hospitalization, or professional care in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.	
Does the operator have any known health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.	
Does the operator have health care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Remarks:

Please complete an additional sheet for each Operator/Captain.

Section 10 – VESSEL INFORMATION

IMPORTANT: Complete 1 page for each group of vessels that are used for the same purpose, in the same navigation, have the same vessel type, and the same coverage. Use additional pages as needed.

Vessel Usage:												
IN SEASON LOCATION												
Facility/Marina Name:												
Facility/Marina Address:												
Is any vessel kept on a mooring buoy?		<input type="checkbox"/> Yes <input type="checkbox"/> No										
LAY-UP/STORAGE LOCATION												
Lay-Up Dates:		From:		To:		Lay-Up Type:		<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat <input type="checkbox"/> On a Lift				
Lay-Up Address:												
NAVIGATION												
Navigation Area Desired:												
If coastal, # of miles offshore:		<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200										
VESSEL #1												
Year:		Length:		Manufacturer:				Model:				
Hull Material:				Hull ID# (HIN):					# of Engines:		Total HP:	
Hull Type:				Propulsion:					Engine Serial #'s:	(if outboard)		
Safety Equipment:		<input type="checkbox"/> EPIRB <input type="checkbox"/> Life Raft <input type="checkbox"/> CO/Smoke Detector <input type="checkbox"/> Fixed Fire Suppression <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder										
Total Value (Vessel w/Engines):								Liability Only Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss Payee Name & Address:												
Trailer Year:		Manufacturer:						Value:				
VESSEL #2												
Year:		Length:		Manufacturer:				Model:				
Hull Material:				Hull ID# (HIN):					# of Engines:		Total HP:	
Hull Type:				Propulsion:					Engine Serial #'s:	(if outboard)		
Safety Equipment:		<input type="checkbox"/> EPIRB <input type="checkbox"/> Life Raft <input type="checkbox"/> CO/Smoke Detector <input type="checkbox"/> Fixed Fire Suppression <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder										
Total Value (Vessel w/Engines):								Liability Only Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss Payee Name & Address:												
Trailer Year:		Manufacturer:						Value:				
VESSEL #3												
Year:		Length:		Manufacturer:				Model:				
Hull Material:				Hull ID# (HIN):					# of Engines:		Total HP:	
Hull Type:				Propulsion:					Engine Serial #'s:	(if outboard)		
Safety Equipment:		<input type="checkbox"/> EPIRB <input type="checkbox"/> Life Raft <input type="checkbox"/> CO/Smoke Detector <input type="checkbox"/> Fixed Fire Suppression <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder										
Total Value (Vessel w/Engines):								Liability Only Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss Payee Name & Address:												
Trailer Year:		Manufacturer:						Value:				

In areas where a wind deductible applies, the hull value needs to be greater than the wind deductible.
The windstorm deductible will be the maximum of 2 times the stated deductible or 5% of the unit value, whichever is greater.

Please find a list of coverages below. Please select your desired Primary and Additional coverage options. Please note, not all options may be available for all risks.

PRIMARY COVERAGES				
COVERAGE	LIMIT			
VESSEL DEDUCTIBLE (Rental & Boat Club minimum \$1,000, all others minimum \$500.)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4%	<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 20%
VESSEL SETTLEMENT TYPE	<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Agreed Value/ACV	<input type="checkbox"/> ACV	
WATERCRAFT LIABILITY	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	
UNINSURED WATERCRAFT (not available on Rental)	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	
MEDICAL PAYMENTS (not available on Rental)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	
POLLUTION	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$854,400	
PERSONAL EFFECTS** (not available on Rental & Boat Club)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000
ADDITIONAL COVERAGES				
CHARTER	RENTAL	BAREBOAT CHARTER		
<input type="checkbox"/> Crew Liability	<input type="checkbox"/> Watersport Liability	<input type="checkbox"/> Towing		
<input type="checkbox"/> Fishing Equipment***	<input type="checkbox"/> Permitted Rental Captain	<input type="checkbox"/> Captained Charter		
<input type="checkbox"/> Towing	<input type="checkbox"/> Permitted Operator – Pleasure Use	<input type="checkbox"/> Premises Liability*		
<input type="checkbox"/> Business Interruption	<input type="checkbox"/> Premises Liability*	<input type="checkbox"/> Slip & Mooring*		
<input type="checkbox"/> Liveaboard	<input type="checkbox"/> Slip & Mooring*	BED & BREAKFAST		
<input type="checkbox"/> Preferred Charter	CHARTER – GUIDE		<input type="checkbox"/> Towing	
<input type="checkbox"/> Shoreside Liability Extension	<input type="checkbox"/> Fishing Equipment***	<input type="checkbox"/> Business Interruption		
<input type="checkbox"/> Guest Passenger Liquor Liability	<input type="checkbox"/> Towing	<input type="checkbox"/> Captained Charter		
<input type="checkbox"/> Premises Liability*	<input type="checkbox"/> Business Interruption	<input type="checkbox"/> Liveaboard		
<input type="checkbox"/> Slip & Mooring*	<input type="checkbox"/> Preferred Charter	<input type="checkbox"/> Premises Liability*		
OWNER/OPERATOR	<input type="checkbox"/> Shoreside Liability Extension	<input type="checkbox"/> Slip & Mooring*		
<input type="checkbox"/> Watersport Liability	<input type="checkbox"/> Premises Liability*	COMMERCIAL FISH		
<input type="checkbox"/> Towing	<input type="checkbox"/> Slip & Mooring*	<input type="checkbox"/> Towing		
<input type="checkbox"/> Business Interruption	BOAT CLUB	BOAT SCHOOL		
<input type="checkbox"/> Cargo Liability	<input type="checkbox"/> Watersport Liability	<input type="checkbox"/> Captained Charter		
<input type="checkbox"/> Liveaboard	<input type="checkbox"/> Permitted Operator – Pleasure Use	<input type="checkbox"/> Premises Liability*		
<input type="checkbox"/> Premises Liability*	<input type="checkbox"/> Premises Liability*	<input type="checkbox"/> Slip & Mooring*		
<input type="checkbox"/> Slip & Mooring*	<input type="checkbox"/> Slip & Mooring*			
Additional Remarks:				

*Premises Liability and Slip & Mooring coverage require the completion of an application addendum.

**If there are Personal Effects items with an individual limit greater than \$500, please provide an itemized schedule.

***If there are Fishing Equipment items with an individual limit greater than \$2,500, please provide an itemized schedule.

FOR ALL RISKS -- By signing this application you warrant:

- ✓ The insured vessel is currently seaworthy and that it shall be maintained in a seaworthy condition during the entire policy period.
- ✓ The insured vessel is to be used only for the declared usage as stated on the Declarations Page.
- ✓ You possess all required federal, state and local permits and licenses for the declared usage.
- ✓ The maximum number of passengers aboard the insured vessel shall not exceed the lesser of:
 - The limit for passengers or weight by the manufacturer;
 - The limit for passengers or weight by the Coast Guard or other legal entity with controlling authority; or
 - The limit for passengers as shown on the Declarations Page.
- ✓ No captain or crew is under the influence of alcohol in excess of the legal amount or under the influence of marijuana in any amount.
- ✓ The insured vessel will not be transported overland outside of the Continental United States.
- ✓ While being towed overland on a trailer, the combined weight of the insured vessel, trailer, and any equipment may not exceed the towing capacity as provided by the manufacturer of the towing vehicle.
- ✓ If the insured vessel is being transported by contract or common carrier, the contract or common carrier must be licensed and must provide a certificate of insurance covering the insured vessel.

FOR RENTAL RISKS -- By signing this application you warrant:

- ✓ Any rental contract which has been submitted to and approved by us, shall be executed between you and any person or organization who uses, rents, hires, or leases the insured vessel with or without any exchange of consideration or payment for use of the insured vessel.
- ✓ Copies of rental contracts will be held by you for a period of no less than 7 years after the contract was terminated.
- ✓ All persons renting the insured vessel must be at least 18 years of age and possess a current valid driver's license.
- ✓ All permitted operators must meet all required qualifications to operate the insured vessel legally.
- ✓ An insured shall not fuel an insured vessel with any person aboard.
- ✓ Prior to any rental, all operators will be provided:
 - Instruction covering the operational characteristics of the insured vessel;
 - Instruction covering boat regulations unique to the area of operation, including but not limited to speed, distance to maintain from other watercraft or swimmers, no wake zones, channel routes, etc.;
 - Instruction covering any unique characteristics of the body of water including but not limited to tidal flow, depth of water, and currents, etc.;
 - Appropriate personal flotation devices for each person aboard as required by the Coast Guard or other legal entity with controlling authority; and
 - Appropriate safety equipment as required by the Coast Guard or other legal entity with controlling authority.

FOR BAREBOAT CHARTER RISKS -- By signing this application you warrant:

- ✓ A charterer shall not be:
 - Less than 18 years of age;
 - Permitted to use the insured vessel for any purpose other than pleasure;
 - Permitted to race the insured vessel; or
 - Permitted to sub-charter or assign the Charter Agreement to another party.
- ✓ Appropriate measures shall be undertaken to validate that the charterer has sufficient experience to command, operate, and navigate the insured vessel via written resume and verbal interview.
- ✓ Any charterer shall hold a valid driver's license. A photocopy of the driver's license(s) must be retained for a period of 2 years.
- ✓ Prior to any bareboat charter, all operators shall be provided:
 - Instruction covering the operational characteristics of the insured vessel;
 - Appropriate personal flotation devices for each person aboard as required by the Coast Guard or other legal entity with controlling authority; and
 - Appropriate safety equipment as required by the Coast Guard or other legal entity with controlling authority.

FOR BED & BREAKFAST RISKS -- By signing this application you warrant:

- ✓ A bed and breakfast guest may not start the engines or navigate the insured vessel.
- ✓ At all times, working smoke and carbon monoxide detectors will be onboard and functional in all state room and as recommended by the American Boat & Yacht Council.

NOTICE:

This policy may use seasonal rating where more premium will be charged for the months that make up the boating season, peaking during the summer, and less premium will be charged for the months during the offseason. If this policy uses seasonal rating and is cancelled for any reason, including for nonpayment of premium, any return premium will be based on the length of time the policy was in force and reflect the variance in premium associated with the months the policy was in force.

APPLICANT'S STATEMENT & 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.

To offer an accurate quote in connection with this application for insurance, we will review the business designee's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the business designee's insurance score. Future reports may be used to update or renew insurance.

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.

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	Providing false, incomplete or misleading information to an insurance company for the purpose of defrauding the company may be considered insurance fraud which can be subject to prosecution. In addition, insurance provided by this policy shall be null and void if you, at any time, including renewal(s), either intentionally conceal or misrepresent any fact, regardless of materiality, or if you misrepresent or conceal any material fact regardless of intent. Any and all changes in any fact(s) or circumstance(s) material to our acceptance of this risk arising during the term of this policy and/or any renewal(s) must be disclosed to us as soon as possible, and any failure to make such disclosure during the term of the policy shall also render this policy null and void.
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:	DATE:
PRODUCER'S SIGNATURE:	DATE: