

### Markel Marine Insurance

Tradesman Commercial Application

Passenger use

### Greetings,

Thank you for contacting Markel to secure a quote on the commercial use of your boat. We understand owners of passenger boats are exposed to significant risks and liabilities; and we take that very seriously.

It is important for us to understand how the business is run and what actions/protective measures are taken to minimize or avoid losses. Accordingly, please provide the following documentation:

- This fully completed and signed application
- Anything additional you believe would be helpful

Once this information is received, we will begin underwriting your account.

Thank you,

Markel Personal Lines - Underwriting



# **Markel Marine Insurance**

## **Tradesman Commercial Application**

Passenger use						
Thank you for your interest in Markel Markel Markel be sure to read the policy warrant	_		swers to all questions.			
Producer information:						
General agent code:	Producer code:		Desired effective date:	Desired effective date:		
Name:	L		I			
Address:						
Phone:		Contact email:				
Section 1. Business information						
Named insured (including DBA names):						
Tax ID/FEIN #:	Mooring location zip	code:	Year business was estab	Year business was established:		
Location/marina address:						
Mailing address:						
Primary phone:		Secondary phone:				
Email:		Website:				
Section 2. Designee information	n					
Designee name:			Date of birth:			
Home address:			SSN:			
Section 3. Business detail						
Usages: ☐ Charter ☐ Guide ☐ Bare  Describe your business in detail:	1600					
Describe your business in detail.						
Describe your chartering experience:						
Please answer the following regarding you	our business:					
1. Who is your current insurer:						
<ul><li>2. Has anyone involved with the business ever been convicted of a felony?</li><li>3. Has the business been cancelled, non-renewed, or refused insurance coverage?</li></ul>			☐ Yes ☐ Yes	□ No □ No		
Please describe any 'yes' responses for	nsaranos soverago.	Li res	□ NO			
Additional insured(s):						
Please provide name, address, and relat	tionship.					
Please list, date, and describe all prior b	usiness and marine losses/cla	aims:				

Section 4. Safety			
Please explain your safety measures.			
Section 5. <b>Boat usage</b>			
Please answer the following regarding boat usage:			
Is the business in compliance with all legal requirements?		☐ Yes	□ No
2. Is overnight usage of the units allowed?		☐ Yes	□ No
3. Is operation permitted from dusk to dawn?		☐ Yes	□ No
Please describe any 'yes' responses for questions 2 through 3 above:			
Are all units seaworthy and fit for their intended purpose?		☐ Yes	□ No
Are all units seaworthy and it for their intended purpose:     Are all units and components unmodified and stock?		☐ Yes	□ No
If a pontoon, are all access gates attached and in good working	g order? <i>Photos required.</i>	□ Yes	□ No
4. Is seating available for all guests that is permanently affixed a		☐ Yes	□ No
Please describe any 'no' responses above:			
	AG		
Do you lay up the unit seasonally? If yes, please select: ☐ Ashore ☐	Afloat Li On a lift		
Please provide layup dates: From to to			
If any unit is leased or borrowed, explain the arrangement and provide	the contract:		
Lienholder(s)/Loss payee(s):  Please provide name, address, and relationship.			
riease provide name, address, and relationship.			
Section 6. Charter usage			
Do you employ a crew?		☐ Yes	□ No
If yes, how many crew (including a hired captain) are on board?		<b>L</b> 103	<b>=</b> 110
Is food or liquor provided to passengers?		☐ Yes	□ No
If yes, please describe.		<b>L</b> 103	L NO
<i>y</i> , <i>p</i>			
Describe any shoreside activities.			
Section 7. Bareboat charter usage			
Section 7. Bareboat charter usage  How old must a person be to charter a vessel?	How old must a person be to operate?		
	How old must a person be to operate?	□ Yes	□ No
How old must a person be to charter a vessel?		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?  Describe how you screen and validate the experience of each participants.		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?  Describe how you screen and validate the experience of each participal section 8. Navigation		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?  Describe how you screen and validate the experience of each participal section 8. Navigation		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?  Describe how you screen and validate the experience of each participal section 8. Navigation		□ Yes	□ No
How old must a person be to charter a vessel?  Do you require all known participants to sign the contract?  Describe how you screen and validate the experience of each participal section 8. Navigation	nt (attach applicable forms).	□ Yes	□ No

Section 9. Operator	r informa	ation									
Complete addendum	for added	captains.									
Full name:					Date of birth:						
Driver's license #:				License			ar USCG lic	censed:			
Does the business owner or a captain operate the vessel mo								□ Y€	es	□ No	
Describe and provide the	ne month/y	ear for all motor	vehicle v	iolations aı	nd accide	ents in the pas	st three ye	ears:			
Describe and provide the	ne month/y	ear for all marino	e losses t	hat have o	ccurred p	ersonally, or	for any ve	essel when	its oper	ator was	in control.
Does the operator take If yes, please describe.		ation or substand	ce that co	ould impair	physical	or cognitive a	bility?		□ Y	es	□ No
Please list experience for	or the three	e most recent ve	ssels own	ed or oper	ated.						
Vessel year	Build	der	Lengtl	h From (	mo/yr)	To (mo/yr		Owned Yes 🗆 No	0	☐ Yes	rated □ No
								Yes □ No	0	☐ Yes	□ No
								Yes □ No	0	☐ Yes	□ No
Has the operator sustain the past five years? If yes, please describe.		· ·		or visit, ho	spitalizat	ion, or profes	sional car	e in	□ Y€		□ No
Does the operator have If yes, please describe.		n health problem	ns?						□ Y€	es	□ No
Does the operator have	health ins	urance?							□ Ye	es	□ No
Unit schedule											
Photos of pontoor Unit 1			ing the	conditi	on of th	ne unit and	l that a	II gates a	are ful	ly pane	led.
For charter use, number											
Sail:  Mono hull Bass Center console Sportfish Drift boat		nsole		☐ Jet boat ☐ R☐ Houseboat ☐ A		□ Runa □ Airbo	at	□ Pon	Ski boat Pontoon (photos required) Commercial boat		
Unit make: Year: Length		Length:	: Model:			Serial/Hull ID:					
Unit material: ☐ Fiberglass ☐ Wood ☐ Steel/metal ☐ (		tal 🗆 Gla	ass over wo	<u> </u>			Unit market value:				
Number of engines:		ine make:		Year:				Engine serial:			
Trailer year:	Trailer ma		Т	railer seria							
Is unit ever kept on a m If 'yes', please explain:	nooring ball		1 *	30.10					Yes		l No

Coverage
Named windstorm deductible: In areas where a wind deductible applies, the hull value must be greater than the stated deductible, or 5% of the unit value, whichever is greater.

Minimum written premiums							
Charter-Guide		Captained		Bareboat charter			
\$50	00	\$75	50 \$1	1,000			
Hull coverage							
Unit deductible	□ 1% □ 2% □ 3% □ 4%	☐ 5% ☐ 10% ☐ 20% ☐ No hull coverage	Emergency towing	□ \$500 □ \$750 □ \$1,000 □ \$1,500	□ \$2,500 □ \$5,000 □ No emergency towing		
Settlement	☐ Actual cash va		eed value (AV)   Agreed value/A		0		
		Liability co	overage				
Watercraft liability	□ \$25,000 □ \$50,000 □ \$100,000 □ \$300,000	□ \$500,000 □ \$1,000,000 □ No liability	Personal effects	□ \$1,000 □ \$2,500 □ \$5,000 □ \$7,500	□ \$10,000 □ \$15,000 □ \$20,000 □ \$25,000		
Watersport liability (available for owner use only)	No watersport lial charter/guide/bar		Uninsured boater (not available for commercial fish)	□ \$25,000 □ \$50,000 □ \$100,000 □ \$300,000	□ \$500,000 □ \$1,000,000 □ No uninsured boater coverage		
Medical Payments	□ \$1,000 □ \$2,500 □ \$5,000 □ \$10,000	☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ No medical payments	Pollution liability	□ \$25,000 □ \$300,000 □ \$939,400 □ No pollution	n liability		
Premise liability?   Yes	or Slip a	nd mooring liabi	lity? □ Yes		-		
Addendum application and photos red	quired - Coverage limi	it matches liability limit.	Coverage not available for commercial fi	ish			
		Additional usa	•				
Captained charter Crew liability # crew	□ \$25,000 □ \$50,000 □ \$100,000	\$300,000 \$1,000,000	Charter/Guide Fishing equipment	□ \$1,000 □ \$2,000 □ \$3,000 □ \$4,000	□ \$5,000 □ \$7,500 □ \$10,000		
Fishing equipment	□ \$1,000 □ \$2,000 □ \$3,000 □ \$4,000	□ \$5,000 □ \$7,500 □ \$10,000	Business interruption Preferred charter	□ \$2,500 □ Yes □ No	□ \$5,000		
Business interruption	□ \$2,500	□ \$5,000	Shoreside liability extension				
Liveaboard	□ Yes □ No			☐ Yes ☐ No			
Preferred charter	□ Yes □ No						
Shoreside liability extension	□ Yes □ No						
Guest passenger liquor liability	☐ Yes ☐ No						
Bareboat Captained charter	☐ Yes – No. of pa	assengers					

#### **Notice**

#### 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;
  - o Permitted to race the insured vessel; or
  - o 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 two years.
- Prior to any bareboat charter, all operators shall be provided:
  - o Instruction covering the operational characteristics of the insured vessel;
  - Appropriate personal floatation devices for each person aboard, as required by the Coast Guard or other legal entity with controlling authority; and
  - o Appropriate safety equipment, as required by the Coast Guard or other legal entity with controlling authority.

#### For ALL risks

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OR

#### By signing this application, you warrant:

- . The insured unit is currently seaworthy and that it shall be maintained in a seaworthy condition during the entire policy period
- The insured unit 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 unit shall not exceed the lesser of:
  - o The limit for passengers or weight by the manufacturer;
  - o 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 unit will not be transported overland, outside of the continental United States
- While being towed overland on a trailer, the combined weight of the insured unit trailer and any equipment may not exceed the towing capacity, as provided by the manufacturer of the towing vehicle
- If the insured unit is being transported by contract of common carrier, the contract or common carrier must be licensed and must provide a certificate of insurance covering the insured unit

#### Applicant 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.

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.

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 mutually 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.

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 charges 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.

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 signature:	Date:
Producer signature:	Date: