



## Markel American Insurance Company

FROM: WESTERN MARITIME INSURANCE

RE: COMMERCIAL MARINE APPLICATION Number of Pages including cover sheet: 7

Thank you for your interest in our commercial program. We appreciate your business.

Attached is our Commercial Marine application form. Please complete with the applicant the appropriate sections of the application, and indicate the coverage and limits desired. Pages 2, 3 & 4 should be completed for Charter, fishing guide and miscellaneous commercial use exposures.

For Watercraft rental operations, complete pages 2, 5 & 6 and include a copy of the current Boat Rental Agreement. A \$1,000. deductible applies to the physical damage and the liability coverage on rental operations, and no personal use is allowed. The rental agreement must include a Hold Harmless and Indemnify clause. Please note that in most states the policy premium in our rental programs is fully earned in 7 months on an accelerated short rate cancellation table, and fully earned if the unit is a total loss.

A signature is NOT required for a quote. The submission should include an evaluation of the operation and any background information to clarify the exposure.

In this program the minimum policy premiums vary per program as follows:

Rentals, Bareboat, Commercial Fishing	\$1,000.
Charter	\$ 750.
Mis. Classes	\$ 500.

Hull values under \$35,000. are on an Actual Cash Value basis, and we reserve the right to decline Stated Value on exposures over that amount pending acceptable documentation of condition and value.

Crew coverage is no longer available.

Keep in mind that binding authority rests solely with the Company.

THANK YOU!

M0013

## **MARKEL SUBMISSION CHECKOFF SHEET**

**\*\*ITEMS NEEDED PRIOR TO SUBMITTING FOR QUOTE\*\***

### **RENTALS:**

- 1) 1) COMPLETED MARKEL APPLICATION
- 2) 2) RENTAL AGREEMENT
- 3) 3) CHECK-OFF PROCEDURES
- 4) 4) IF NEW BUSINESS-NEED DETAILED NARRATIVE OF INSURED'S EXPERIENCE
- 5) 5) RENTERS MUST BE AT LEAST 18 YEARS OF AGE
- 6) 6) RENTERS CANNOT TRAILER UNITS
- 7) 7) COMPLETE VESSEL SCHEDULE WITH ID#'S AND ENGINE ID#'S
- 8) 8) IF CURRENTLY IN BUSINESS WE WILL NEED LOSS RUNS FROM THE PRIOR CARRIER/S
- 9) 9) SURVEY (BY A CERTIFIED SURVEYOR) IF VESSEL IS OVER 7 YEARS OF AGE WITH VALUES OVER \$25,000. A SITE INSPECTION MAY BE ORDERED AT UNDERWRITER'S DISCRETION
- 10) 10) NO OTHER COMMERCIAL OR PERSONAL USE OF RENTALS IS ACCEPTABLE

### **CHARTERS/MISC USE/COMMERCIAL FISHING VESSELS:**

- 1) 1) COMPLETED MARKEL APPLICATION
- 2) 2) SURVEY (BY A CERTIFIED SURVEYOR) IF VESSEL IS OVER 7 YEARS OF AGE WITH VALUES OVER \$25,000. A SITE INSPECTION MAY BE ORDERED AT UNDERWRITER'S DISCRETION
- 3) 3) CURRENT MVRS FOR ALL OPERATORS
- 4) 4) NARRATIVE OF BOATING EXPERIENCE FOR EACH OPERATOR
- 5) 5) COMPLETE VESSEL SCHEDULE WITH ID#'S AND ENGINE ID#'S
- 6) 6) CLEAR COPY OF CHARTER CONTRACT IF APPLICABLE
- 7) 7) COPY OF GUIDE LICENSES IF APPLICABLE
- 8) 8) BOATS MUST HAVE ALL REQUIRED USCG EQUIPMENT FOR VESSEL SIZE AND USAGE
- 9) 9) COPIES OF ANY REQUIRED OPERATORS LICENSES (I.E., CAPTAIN'S LICENSE)
- 10) 10) ALL IN WATER ACTIVITIES WILL BE SPECIFICALLY EXCLUDED



# Commercial Marine Insurance Application

Requested Effective Date	Producer Code
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Applicant's Name  Mailing Address  City, State, Zipcode  Principle Contact; Title	Producer Name & Address
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Physical Address Of Operations; List All Locations  County                      Phone Number	Additional Interest(s) And Relationship To Applicant
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How Are Watercraft Used By This Operation?

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

<b>Organization</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:	<b>Operating Period</b> <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonally From:  To:	<b>Operating From</b> <input type="checkbox"/> Marina <input type="checkbox"/> Beach Front <input type="checkbox"/> Public Ramp <input type="checkbox"/> Other:	How Many Years Has Applicant Owned/Operated This Business?  How Many Years Has Applicant Operated From This Locaion?  Gross Receipts For This Operation Last Year                      \$ _____  Projected Gross Receipts For This Year                                      \$ _____
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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:

**Five Year Claims History-Watercraft & Premise**

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

Previous Insurance Carrier	Has Any Company Ever Canceled Or Non-Renewed Insurance For This Applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
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# Charter Vessel/Misc. Commercial Use Section A

Documentation		Vessel Name	Length	Weight	Total Hp	Max Speed	Fuel	Fuel Capacity
							<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	
Property	Year	Manufacturer & Model Name		Hull ID/Serial Number	Purchase Date	Purchase Price	Current Value	
Vessel								
Engine #1		HP:						
Engine #2		HP:						
Engine #3		HP:						
Tender								
Tender Engine		HP:						
Equipment	Total From Equipment Schedule on Page 2							
Total Value: Vessel, Engine, Trailer, and Equipment								
Trailer	Year	Manufacturer & Model Name		Serial Number	Purchase Date	Purchase Price	Current Value	
Personal Effects	Total From Personal Effects Schedule On Page 2							
Boat Type	Boat Power Type	Hull Type		Hull Material	Safety/Anti-Theft Equipment			
<input type="checkbox"/> Aux-Sailboat	<input type="checkbox"/> Inboard	<input type="checkbox"/> V-Hull		<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Marine Compass		<input type="checkbox"/> Outboard/Outdrive Locks	
<input type="checkbox"/> Bass Boat/Flats Boat	<input type="checkbox"/> Outboard	<input type="checkbox"/> Deep V-Hull		<input type="checkbox"/> Advanced Composite	<input type="checkbox"/> Depth Finder		<input type="checkbox"/> Propeller Hub Locks	
<input type="checkbox"/> Express Cruiser	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Bi- Hull(Cat, Pontoon)		<input type="checkbox"/> Wood	<input type="checkbox"/> VHS Ship To Shore Radio		<input type="checkbox"/> Traler Bail Or Axle Locks	
<input type="checkbox"/> Motor Yacht	<input type="checkbox"/> Jet Drive	<input type="checkbox"/> Tri-Hull		<input type="checkbox"/> Aluminum	<input type="checkbox"/> Loran, Sat. Nav, Or GPS		<input type="checkbox"/> Vapor Detection System	
<input type="checkbox"/> Runabout	<input type="checkbox"/> Airboat	<input type="checkbox"/> Tunnel Hull		<input type="checkbox"/> Steel	<input type="checkbox"/> Radar		<input type="checkbox"/> Smoke Detectors	
<input type="checkbox"/> Sport Fisherman	<input type="checkbox"/> Sail (Indicate Rig)	<input type="checkbox"/> Displacement		<input type="checkbox"/> Inflatable	<input type="checkbox"/> EPIRP		<input type="checkbox"/> Auto Fire Extinguisher	
<input type="checkbox"/> Trawler	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	<input type="checkbox"/> Electronic Burgler Alarm		In Engine Space	
<input type="checkbox"/> Other:								Does Vessel Comply With All USCG Requirements?
Are Maintenance And Operation Logs Kept For This Vessel?								
<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:								
Date Of Last Haul Out & Work Completed								
Is There Any Pre-Existing Damage TO This Vessel?								
<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:								
Have The Vessel, Engine(s) Or Operating Equipment Been Modified								
<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:								
Navigation Limits Desired (Body Of Water And Range Of Navigation)					Lay-Up Period (MM/DD/YY):			
					From:		To:	
Address Where Vessel Is Kept Durin g Service:					Address Where Vessel Is Stored When Laid-Up:			
					<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat			





# Commercial Watercraft Rental Section

How Many Years Has The Applicant Been Doing Business As A Rental Operator?		
If A New Venture, List Any Previous Watercraft Rental Experience:		
Who Is Responsible For Overseeing The Watercraft Rental Operation?	Title:	Date Of Birth:
Number Of Rental Operation Employees:	Employees Age:	Are Employees Trained In First Aid, CPR,  o No o Yes, Explain:
Describe How Renters Are Screened:		
How old Must a Person Be TO Rent The Watercraft?	How Is Renter Age Verified?	
What Type Of Instruction Is Provided To Each Renter?	Who Provides The Instruction?	
Are Renters Allowed TO Trailer Units To Other Locations?  o No o Yes, Explain:		
What Navigation Limits Is Placed On The Renter? (Body Of Water And Range of Navigation)		
How IS Each Rental Supervised And Assisted If Help Is Required?		
Is Swimming, Snorkeling, SCUBA Or Diving Allowed From Vessels?  o No o Yes, Explain:		
Will Any Person Besides The Contracted Renter Be Allowed TO Operate The Vessel?  o No o Yes, Explain:		
Are Renters Allowed To Tow Water-Skiers Or Water Toys?  o No o Yes, Explain:	Does Applicant Supply The Tow Rope, Skies Or Water Toys?  o No o Yes, Explain:	
Where Are Vessels Kept When Not In Use?	How Are Vessels Secured Against Theft?	
How Long Are Rental Agreements Kept On File?	Does Applicant Keep Records Of Vessel Maintenance?	
Does Applicant Or Any Employee Operate The Watercraft In The Course Of Employment?  o No o Yes, Explain:		
Does Applicant Or Any Employee Use The Watercraft For Personal Pleasure?  o No o Yes, Explain:		

Remarks:

**o ATTACH COPY OF RENTAL AGREEMENT AND ANY CHECK OUT OR RENTAL TRAINING PROCEDURES. COVERAGE WILL NOT BE BOUND WITHOUT AN ACCEPTABLE RENTAL AGREEMENT ON FILE.**

Coverage	Limits Requested	Deductible	Premiums
Watercraft And Equipment (Total Of Hull Values From Schedule)			
Watercraft Liability			
Water-Sports Liability			
Premises Liability			
Trailer Physical Damage			

### Applicants Statement And Signature

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508). 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. The forgoing statement made and signed by the applicant represents the information set forth as correct and a true basis on which insurance can be granted but in no way binds the applicant to accept a quotation or the insurers to accept risk. If the coverage is bound by the Company, this application will attach to and be made part of the policy.

Applicant's Signature	Date:	Producers Signature	Date
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**FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY FILED AN APPLICATION FOR INSURANCE 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.**



# Commercial Watercraft Vessel Schedule

Unit	Year	Make And Model	LOA	Hull ID Number	Engine Make	Engine SIN	Total HP	Max. Speed	ACV Value
Lien Holder Name And Address		Units Of Interest		Lien Holder Name And Address		Units Of Interest			

This vessel schedule attaches to and becomes part of the policy upon Company acceptance. All Units must be identified and labeled on the schedule in order to be covered under the policy. Additions or deletions to this schedule must be reported to the Company within 30 days of the change. List all outboard engines with the allocated vessel.



## Schedule Of Vessel Equipment

Maximum Equipment That is Generally Kept On Board And Required For The Safe Operation Or Maintenance Of The Watercraft. This Coverage Is Not Automatic. Include The Total On Page 1.

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 \$1000)				
Total Vessel Equipment				

## Schedule Of Personal Effects

List Items Which Belong To you Such As Water-Skis, Fishing Gear, Cameras, Scuba Equipment, Portable Radios, And Wearing Apparel, Etc. For Which You desire Coverage. This Coverage Is Not Automatic. Include On Page 1

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 \$1000)				
Total Personal Effects				



# Commercial Marine Supplement Application Premises Liability

Completion of this application does not constitute an agreement by the Company to bind insurance. The applicant represents that the information provided here is accurate and true basis upon which insurance may be considered. If coverage is bound by the Company, this document will become a part of the policy.

## Producer Name/Address & Code:

Requested Effective Date: _____	
Limit: <input type="radio"/> \$300,000 csl <input type="radio"/> \$500,000 csl <input type="radio"/> \$1,000,000 csl	

1. Applicant's Business Name & Mailing Address:

2. Premises Address--Give exact location of area you wish to insure, including name of marina, pier or slip number; indicate the part occupied:

What is the square footage of the applicant's occupied area? \_\_\_\_\_ Does this include a parking lot, docks, piers, or buildings?

Yes    No   Include a diagram of the area if possible. Explain:

3. What is the interest of the Named Insured in this premises (check one):

Owner    Tenant    Other; Explain:

4. How long has applicant operated from this location?	5. How long in this Business?
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6. List & describe the specific activities conducted by the applicant

7. Describe any special contractual agreement entered into by the applicant (e.g., lease, contracts of carriage, towage, etc.):

### (ATTACH COPY OF ANY LEASE AGREEMENT -This is required)

8. List & describe all prior losses or claims for this applicant within the past 5 yrs:

9. List & describe all other business activities conducted on this premises, whether owned or non-owned:

If owned, is there other insurance in force? Explain:

10. Provide a detailed breakout of the estimated annual Gross Receipts for:		Boat Rentals:	Fueling
Storage	Slip Rentals	Hauling/Launching	Boat/Motor Repairs
Restaurants/Snack Bar	Hotel/Campground	Boat Sales/Service	Other/Explain

List names and addresses of applicable Additional Interests:

## INSURED'S STATEMENT AND SIGNATURE

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508). 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 life and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided. The forgoing statement made and signed by the applicant represents the information set forth as correct and a true basis on which insurance can be granted but in no way binds the applicant to accept a quotation or the insurers to accept risk. If the coverage is bound by the Company, this application will attach to and be made part of the policy.

Applicant's Signature:	Title:	Date:

Producer's Signature:	Title:	Date: