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U.S. RISK MARINE HULL PROGRAM APPLICATION:

NAME OF APPLICANT:								
APPLICANT ADDRESS: <i>(mailing address)</i>								
APPLICANT WEBSITE:								
YEARS IN BUSINESS:								
PROPOSED EFFECTIVE DATE:							12.01 am Standard Time at Assureds Address	
APPLICANT INFORMATION SECTION								
PLEASE INDICATE YOUR BUSINESS TYPE:	<input type="checkbox"/> Individual /Owner Operator		<input type="checkbox"/> Partnership		<input type="checkbox"/> Joint Venture			
	<input type="checkbox"/> Limited Liability Corp.		<input type="checkbox"/> Corporation		<input type="checkbox"/> Other _____			
BUSINESS DESCRIPTION:	<i>(Please include description any shore side operations):</i>							
COVERAGE REQUEST:	<i>Please confirm coverage you are requesting:</i>			<input type="checkbox"/> Hull				
				<input type="checkbox"/> Protection & Indemnity				
				<input type="checkbox"/> Marine Commercial General Liability				
ANNUAL GROSS RECEIPTS: <i>(three years)</i>	\$	2017	\$	2016	\$	2015		
SHORESIDE OPERATION INFORMATION:	Do you have any shore side operations that are separate from your vessel operations? <i>(If yes, please provide in business description above)</i>			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	Do you own or lease a commercial building or location? <i>(if yes please complete additional fields for owned/rented premise)</i>			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	Location Address:							
	Description of locations operations:							
	Is the yard fenced			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	Is the yard locked afterhours			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	Description of fire protection:							
For multiple locations please attach schedule								
VESSEL INFORMATION:	<i>Please attach most recent vessel survey and confirm compliance with any recommendations:</i>							
	Hull values exceed purchase price			<input type="checkbox"/> Yes		<input type="checkbox"/> No – if yes please explain cost of improvements made		
	Loss Payee Required			<input type="checkbox"/> Yes		<input type="checkbox"/> No – if yes please provide additional information		
	Summer Docking Location:							
	Winter Docking Location:							
	Current Operational Period:			From:		To:		
	Current Navigational Area: <i>(Within and between)</i>							
	Description of Hurricane Plan: <i>(U.S. Southern & Eastern Coastline)</i>							
PROTECTION & INDEMNITY INFORMATION:	Requested Limit:			<input type="checkbox"/> \$500,000				
				<input type="checkbox"/> \$1,000,000				
				<input type="checkbox"/> Other:				
	Current deductible(s):			\$				
	Number of employees:							
	Total Crew Count:							
	Number of crew: <i>(max any one vessel)</i>							
Average employment length of crew:								
Annual Payroll:								
Number of passengers:								
VESSEL SCHEDULE:								
Vessel Name:	Year:	Make:	Construction:	Description:	Hull Value:	Deductible:		
			Select Type	Select Type	\$	\$		
			Select Type	Select Type	\$	\$		
			Select Type	Select Type	\$	\$		
			Select Type	Select Type	\$	\$		
			Select Type	Select Type	\$	\$		
			Select Type	Select Type	\$	\$		
			Select Type	Select Type	\$	\$		

CAPTAINS QUESTIONNAIRE SUPPLEMENTAL (REQUIRED)					
NAME OF CAPTAIN	DATE OF BIRTH	VESSEL NAME	LENGTH	DATES OF SERVICE	NAVIGATION AREA
Has any captain been arrested or convicted of a DUI		<input type="checkbox"/> Yes <input type="checkbox"/> No – if yes please provide additional information			
Has any captain been involved in any losses or claims		<input type="checkbox"/> Yes <input type="checkbox"/> No – if yes please provide additional information			
QUALIFICATIONS INFORMATION:	Please Provide:	Copy of current coast guard license:			
		List of licenses held , certifications and related qualifications			

VESSEL ASSIST/ PILOT BOAT OPERATOR SUPPLEMENTAL		
TOWING INFORMATION:	Type of vessels towed:	
	Average size of vessel tow:	
	Average tow distance:	
	Maximum speed towing:	
	Average employment length of crew:	
	Are there formal pre-tow safety procedures in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your operation require and diving:	<input type="checkbox"/> Yes <input type="checkbox"/> No – if yes please provide additional information pertaining to typical dive and pre-post safety procedures.

CHARTER/SIGHTSEEING/PASSENGER FERRY VESSEL SUPPLEMENTAL						
CHARTER/PASSENGER VESSEL INFORMATION:	Parking provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Shuttle service provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do Passengers swim, snorkel, water-ski or perform other in water activity from the Insured vessels?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Number of charters per year?					
	Average/Maximum length of charter? (in hours)					
	Average/Maximum passengers allowed on charter?					
VESSEL SERVICE INFORMATION:	Food Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Served:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Bar:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you hire or allow subcontractors (i.e. private caterers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require caterers add you as an additional insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you require caterers to provide certificates of insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are servers trained in alcohol awareness:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

6-12 PACK CHARTER VESSEL SUPPLEMENTAL						
CHARTER/PASSENGER VESSEL INFORMATION:	Parking provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Shuttle service provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do Passengers swim, snorkel, water-ski or perform other in water activity from the Insured vessels?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Number of charters per year?					
	Average/Maximum length of charter? (in hours)					
	Average/Maximum passengers allowed on charter?					
VESSEL SERVICE INFORMATION:	Food Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Served:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beer & Wine Only:	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS EXPERIENCE:	Has your policy ever been cancelled or non-renewed? – if yes explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	LOSS DESCRIPTION:	Date of Loss	
			\$
			\$

ADDITIONAL COMMENTS / COVERAGE REQUEST	
Additional Comments/Coverage Request/Target Premium (Hull, P&I, MCGL):	
REQUIRED SIGN AND COMPLETE:	I understand that the information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.
APPLICANT SIGNATURE:	X Date: _____ Printed Name: _____
BROKER SIGNATURE:	X Date: _____ Printed Name: _____