

Excursion Vessel Application

Name of Insured: _____

Address _____

Owner of Vessel _____

Description of Operations

Sportsfishing

Sightseeing

Check all that apply

Whale Watching

Dinner Cruise

Ferry Service

Overnight Cruises

Other: _____

Effective Coverage Date: _____

Management Experience/Time in Business: _____

Does this placing include all vessels operated by the prospective insured; if not, explain:

Where and when can vessel(s) be inspected:

Name and phone number of contact: _____

Loss information for the last 5 years

Date	Nature of Loss	Amount Paid/Outstanding

Attached company brochures, surveys, coast guard certificate.

I/We hereby warrant that the information provided above is complete and accurate to the best of my knowledge and belief, and it is our understanding that underwriters shall rely upon the information and representation listed above heavily in determining the acceptability and rates and conditions of coverages.

Assured: _____

Title: _____

Date: _____

Excursion Vessel Application

Vessel Information

Name of Vessel: _____ Type: _____
Location of Landing: _____ Home Port: _____

Name and Address _____
of Mortgagees: _____

Name and Address _____
of Additional _____
Insured(s): _____

Hull Information

Year Built: _____ Builder: _____
Dimensions: _____ Hull Material: _____
Number of Decks: _____ Registered Tonnage: _____
Gross: _____ Market Value: _____
Replacement Cost: _____

Machinery

Manufacturer: _____ Year Built: _____
Fuel Type: _____ Horsepower: _____ # of Engines: _____

Equipment

Fire Extinguishing Apparatus: _____
Radio Telephone: _____ Radar: _____ Depth Sounder: _____
Other: _____

Crew/Passenger Information

Names/Experience/License of Operations: _____

Number of Crew: Max: _____ Hard _____ Soft Aver: _____ Hard: _____ Soft
Number of Passengers: Max per Coast Guard Cert. _____ Average _____
Total Annual Passengers Carried: _____

Excursion Vessel Application

Dock Liability

List all Docking Locations:

1. _____
2. _____
3. _____

Please provide this information for each location that the assured will be docking at:

1. Is insured responsible for any property adjacent to docking locations? Yes No
2. Does the assured carry any type of General Liability Policy covering properties adjacent to vessel docking location? Yes No
3. Does the assured sell any products on the land? Yes No
 If yes, please describe all products sold: _____
4. Is there a parking lot or a street within the 300' of the vessel that this dock liability is being requested for? Yes No
 If yes, please describe: _____

General Information

Navigation limits desired or allowed by license: _____

Lay-up period, if any: _____

Length of Trip: _____ Number of days: _____

Where is Galley located: _____ How are stoves heated: _____

Food Served: _____ Type: _____ Receipts: _____

Liquor Served: _____ Receipts: _____

Souvenirs/Gifts Sold: _____ Type of Entertainment: _____

Coverage Desired

Amount of Hull Insurance: _____

Deductible (1% or \$25,000, whichever is greater): _____

Breach of Warranty Limit: _____

In Favor Of: _____

Protection & Indemnity Limit: _____ Deductible: _____

Trip Transit: _____

Other: _____ USLHW _____ Port Risk _____

Total Loss Only _____ General Liability (Separate Application Required)

Additional Comments (please list additional info that you feel underwriter should be aware of)

Excursion Vessel Application

Additional Vessel Information

Name of Vessel: _____ Type: _____
Location of Landing: _____ Home Port: _____

Hull Information

Year Built: _____ Builder: _____
Dimensions: _____ Hull Material: _____
Number of Decks: _____ Registered Tonnage: _____
Gross: _____ Market Value: _____
Replacement Cost: _____

Machinery

Manufacturer: _____ Year Built: _____
Fuel Type: _____ Horsepower: _____ # of Engines: _____

Equipment

Fire Extinguishing Apparatus: _____
Radio Telephone: _____ Radar: _____ Depth Sounder: _____
Other: _____

Crew/Passenger Information

Names/Experience/License of Operations: _____

Number of Crew: Max: _____ Hard _____ Soft Aver: _____ Hard: _____ Soft
Number of Passengers: Max per Coast Guard Cert. _____ Average _____
Total Annual Passengers Carried: _____

General Information

Navigation limits desired or allowed by license: _____

Lay-up period, if any: _____
Length of Trip: _____ Number of days: _____
Where is Galley located: _____ How are stoves heated: _____
Food Served: _____ Type: _____ Receipts: _____
Liquor Served: _____ Receipts: _____
Souvenirs/Gifts Sold: _____ Type of Entertainment: _____

