

## Water Rafting Application

**Please complete all questions, if not applicable, state N/A. If space is insufficient to fully answer questions, attach separate pages, sign and date.**

Name Insured \_\_\_\_\_

Premise Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

Website \_\_\_\_\_  
\_\_\_\_\_

Organization    Corp    Partn    Other  
\_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_  
\_\_\_\_\_

Detailed description of operations (attach brochures)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operation is:      Year round      Seasonal

From: \_\_\_\_\_ To: \_\_\_\_\_

Operation uses:      canoes      kayaks  
                         motorized-boats      rafts      oars

**List all rivers on which you operate.**

River	Section	Class	Length of Trip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Maximum number of guides employed during the season? \_\_\_\_\_

Is any guides less than 21 years old?    Yes    No

If yes, list name, age, and scope of experience on a separate page.

Ratio of guides to passenger: \_\_\_\_\_ to \_\_\_\_\_

Watercraft Rentals    Guest Days    Receipts

Non-motorized boats \_\_\_\_\_  
or tubes, ect.

Rafts \_\_\_\_\_

Kayaks \_\_\_\_\_

\*Attach a list of all watercraft, including year, made and model.

Are USCG-approved life vests provided to all participants?

Yes    No

**Rates Rivers Used**

Class	Trip	Guest Days	Receipts
1.	Over 4 hours	_____	_____
	Under 4 hours	_____	_____
2.	Over 4 hours	_____	_____
	Under 4 hours	_____	_____
3.	Over 4 hours	_____	_____
	Under 4 hours	_____	_____
4.	Over 4 hours	_____	_____
	Under 4 hours	_____	_____
5.	Over 4 hours	_____	_____
	Under 4 hours	_____	_____

**Unrated Rivers Used**

Class	Trip	Guest Days	Receipts
<b>Non</b>	Over 4 hours	_____	_____
<b>Whitewater</b>	Under 4 hours	_____	_____
<b>Whitewater</b>	Over 4 hours	_____	_____
	Under 4 hours	_____	_____



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### **Conditions of Insurance Coverage (CW 109- Boat Endorsement)**

The following requirements are conditions to receive a policy from Conway E&S, Inc:

1. A waiver and/or release of liability, provided by you and signed by a responsible adult, recognizing the dangers of boating must be obtained from all customers.
2. A United States Coast Guard-approved personal flotation device must be worn and fastened by all customers on the watercraft at all time.
3. The maximum number of individuals, including guides, allowable per vessel shall be specified by the following formula: number of individuals = (length of boat rounded to the nearest foot) / (2) + 2 + 1 guide.
4. All guides are required are required to be currently qualified in cardiopulmonary resuscitation (CPR) by the Red Cross or American Heart Association.
5. At least one guide per trip will have first aid card certified by the Red Cross.
6. A suitable and adequately stocked first aid kit must aboard at least one of the vessels per commercial trip.
7. A suitable watercraft repair kit must be aboard at least one of the vessels per commercial trip.
8. An inflation pump, appropriate for the craft, will be carried aboard at least one of the vessels per commercial trip.
9. One buoyant heaving line, at east three-eights of an inch in diameter and at least 65 feet in length, in a bright colored self rescue bag, must be carried on each watercraft. It must also contain emergency single devices.
10. No alcoholic beverages may be consumed on watercraft, and illegal/controlled substance will not be allowed on board the watercraft.
11. Anyone who appears to be intoxicated or under the influence of an illegal/controlled substance will not be allowed on board the watercraft.

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I hereby make application to Conway E&S, Inc. for the insurance described above and confirm the above representations to be true. Furthermore, I understand that if this application is accepted by Conway E&S in reliance upon the truth herein, operations not listed as part of the business would not be covered. In addition, Conway, E&S may elect to exclude some of the operations which are listed.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Insured Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent/ Agency Name \_\_\_\_\_

Insured's Name \_\_\_\_\_

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## Watercraft Supplement

Year	Make	Model	H.P	Length	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____