

CHARTER VESSEL APPLICATION



1. Has your vessel(s) been through the SVCP blue decal program? Yes No

2. Company Name / Insured:

3. Address:

4. Website:

5. Description of charter operations (provide specific details, include what you are seeing and / or doing)

6. Average speed on charters: 7. Max speed on charters:

8. Does your vessel perform other operations besides charters? Yes No
If "Yes", please describe

9. Maximum number of passengers legally allowed aboard vessel:

10. Average duration of a typical charter:

11. Number of charters per year:

12. Typical charter season:

13. Navigation / operating area (trading limits):

14. Do you serve food, beverages, or alcohol? Yes No
If "Yes", please describe

15. Do you provide an orientation / safety briefing for passengers? Yes No
If "Yes", please describe

16. Do you perform overnight charters? Yes No
If "Yes", please describe

17. VESSEL DETAILS

	Vessel 1	Vessel 2	Vessel 3
Age of vessel			
Year purchased			
Year re-built			
Make and model			
Length			
Maximum speed			
Hull material			
H.I.N. #			
Market value of vessel			
Replacement cost of vessel			
Tender details (size, engine)			

18. MAIN ENGINE DETAILS

	Make	Year	HP	Market Value	Serial No.
Engine 1					
Engine 2					
Aux. Engine					

19. TRAILER DETAILS

	Make	Year	V.I.N.	Market Value
Trailer 1				
Trailer 2				

If your vessel is over 15 years old, do you have a condition & valuation survey?
 If "Yes", please attach a copy

Yes No

20. MOORAGE / STORAGE:

Where is your vessel moored during the following seasons?

Operating season:

Off season:

21. EQUIPMENT

Do you have equipment that goes on and off the vessel which requires coverage?

Yes No

If "Yes", please describe (include insured value and security / storage during non-operating hours)

22. OPERATOR INFORMATION

Names of Operators	Experience (Years)	CTAG Certifications / other Certifications	Amount of Claim

23. CLAIMS INFORMATION

Have you ever had any marine insurance claims or losses? Yes No
If "Yes", please provide details below

Date	Description of the Loss	Amount of Claim

Has your insurance ever been cancelled? Yes No
If "Yes", please provide explanation why

Coverages	Amount of Insurance
Hull & Machinery	
Outboard Motor(s)	
Auxiliary Outboard Motor	
Total Hull & Machinery	
Protection & Indemnity	
Other Equipment	
Boat Trailer	
Loss Payee & Address:	Previous Insurer(s) & Policy #:
Effective From:	Effective To:
Signature of Owner(s):	I UNDERSTAND THE ABOVE 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.
Date:	

Completion of this application does not constitute coverage, nor bind the company to accept risk.