

CREW BOAT / WATER TAXI 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 operations (provide specific details):

6. What's the maximum number of passengers that you can legally take on your vessel?

7. What is the average number of passengers that will be aboard the vessel?

8. Is the water taxi / crew boat service between set points? Yes No
If "Yes", please describe

9. Number of trips per year:

10. Annual gross receipts from operations:

11. Vessel Details

Age of vessel: Year Purchased: Year re-built if applicable:

Make and model:

Length: Maximum Speed: Hull Material:

H.I.N. # Market value of vessel:

Replacement cost of vessel:

Tender details (include size and engine):

12. Main Engine Details

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

13. Trailer Details

Make: Year:

V.I.N.: Current Market Value:

If your vessel is over 15 years old, do you have a condition & valuation survey? Yes No
 If "Yes", please attach a copy

14. Moorage / Storage

Where is your vessel moored during the following seasons?

Operating season:

Off season:

15. Non - Owned Cargo

Does the vessel carry third party / non-owned cargo?

What is the average value of the non-owned cargo?

What is the maximum value of the non-owned cargo?

How often is non-owned cargo taken aboard the vessel?

Is cargo legal liability required? Yes No

If "Yes", please provide limit

16. Operator Information

Names of Operators	Experience (Years)	Operator Loss / Claim History

Has your insurance ever been cancelled? Yes No

If "Yes", please provide explanation why

Coverage	Amount of Insurance
Hull & Machinery	\$
Outboard Motor(s)	\$
Auxiliary Outboard Motor	\$
Total Hull & Machinery	\$
Protection & Indemnity	\$
Cargo Legal Liability	\$
Boat Trailer	\$
Previous Insurer(s) & #:	Loss Payee & Address:
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.