



**CHARTER AND RENTAL MARINE GENERAL LIABILITY APPLICATION**

**Section I – Production Agent/Broker**

Name of Agent or Broker \_\_\_\_\_ Email \_\_\_\_\_  
Address of Agent or Broker \_\_\_\_\_ Telephone \_\_\_\_\_

**Section II – Applicant**

Name of the Assured \_\_\_\_\_  
*(Include names of all subsidiary firms or corporations to be insured)* \_\_\_\_\_ Web site \_\_\_\_\_  
Address of Assured \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of Principal(s) and/or Owner(s) \_\_\_\_\_  
Period of time Applicant has been a marine related company \_\_\_\_\_

**Section III – Premises Information**

#	Full Address	Interest	Yr. Built	Part Occupied
1.				
2.				
3.				

**Section IV – Description of Eco Tourism Operations and Exposure Information**

Does the applicant provide a waiver of subrogation document to be signed by the renters? If yes please attach a copy to the application.

Does the applicant have safety rules clearly posted and distributed to all customers prior to the use of any vessel? Please provide copy.

Does the applicant provide guides for the tours and operations? If yes how many guides are under the payroll and how many guides per group are provided.

What kind of experience is required to be a guide? Please provide qualifications.

Are there any rafts involved in the operations? Please provide make and model and description of the maintenance process.

Are there any rapids tours involve in the operation? Please provide location.



Does the applicant provide life savers to all their clients?

Applicant asks for proof of age before any rent or tour?

Is there a medical professional on the site of the operations?

Nature of Operation	Amount	Current Year		Estimated for Next Year	
		Gross Sales	Participants	Gross Sales	Participants
<b>Total</b>					

Percent of receipts derived from the operations: Marine Operations: \_\_\_\_\_% Non Marine Operations: \_\_\_\_\_%

**Section V - Current and Expiring Information**

General Liability Limit 300,000 500,000 1,000,000 Medical Payments 2,500 5,000 7,500 10,000  
 Protection & Indemnity 300,000 500,000 1,000,000 Personal Effects  500 1,000 5,000 10,000  
 Deductible 1,000 2,500 5,000 10,000  Other: \_\_\_\_\_  
 Previous Carrier \_\_\_\_\_  
 Current Policy Limits \_\_\_\_\_ Current Deductibles \_\_\_\_\_

**Section VI – General Information (explain ALL "Yes" responses)**

- a) Are any medical facilities provided or doctors employed/contracted? Yes No
- b) Does the applicant sponsor or plan to sponsor any sporting or social events? Yes No
- c) Does the applicant own, operate, lease, borrow or charter any watercraft? Yes No
- d) Are all watercraft separately covered by Protection and Indemnity insurance including? Yes No
- e) Does the applicant purchase coverage excess of this insurance?  
If yes, what limits: \$\_\_\_\_\_ Yes No
- f) Does the applicant employ or utilize the services of any commercial divers? Yes No
- g) In the last five years has the applicant or any predecessor company ever filed for  
bankruptcy protection? Yes No



Remarks:

s) What is the percent of work performed for others where indemnity / release / hold harmless agreements are given in favor of the other party? \_\_\_\_\_ %

**Section XI - Loss Record**

Please list all reported incidents for the previous **FIVE** years. The list must include ALL previously closed claims, including those Closed Without Payment, **ALL** incidents whether an "estimate of loss" has been set or not and **ALL** other claims where an estimate has been set and/or payments made. Please also list annual premium (if available)

Date of Loss	Nature of Loss	Deductible Applied	Paid Amount	Reserved Amount	Details of Loss

I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further noted and understood that the Applicant is under a continuing obligation immediately to notify his Underwriters of any material alteration to the nature, extent or size of this operation as described herein.

It is further understood that this application shall be attached to any form part of the policy, should one be issued.

Signed      Applicant      \_\_\_\_\_

                 Title                 \_\_\_\_\_

                 Date                        \_\_\_\_\_