

OPERATOR INFORMATION

NAME (C=CAPTAIN, M=MATE)	DATE OF BIRTH	AUTO DRIVERS LICENSE #	STATE	SOCIAL SECURITY #	DRIVING VIOLATIONS LAST 5 YEARS
C					
M					
M					

Operations (Present Vessel) – Have You:		C	M	Formal Training		C	M
1. Drafted a Heavy Weather Management Plan for your vessel (HWMP) to include: Set, Reef & Furl Working Sails - Set Storm Trysail - Set & Recover Sea Anchor - Yes or No				16. USCG Auxiliary Seamanship Course			
2. Drill / Actual (Circle) Moderate (Force 4 – 11 to 16 knots) Yes or No				17. US Power Squadron Navigation Course			
3. Drill / Actual (Circle) Strong Breeze (Force 6 – 22 to 27 knots) Yes or No				18. Basic Weather Course			
4. Drill / Actual (Circle) Gale (Force 8 – 34 to 40 knots) Yes or No				19. Weather Fax Course			
5. Drill / Actual (Circle) Recover Man Overboard - Yes or No				20. Sailing School (i.e. Annapolis School of Sailing)			
6. Drill / Actual (Circle) Rig & Use Emergency Steering System - Yes or No				21. Navigation School (i.e. Chapmans)			
7. Hoist Man Aloft Under Way - Yes or No				22. Diesel Engine Maintenance Course			
8. Do you inspect the rig aloft prior to each major passage, and at least once a year? - Yes or No				23. First Aid Course (i.e. Red Cross)			
9. How frequent is the furler disassembled and inspected?				24. Additional Training – Remarks Below			
Experience				25. SCUBA Diving Qualification			
10. Boat Cumulative Ownership – List vessel types below, # years				26. USCG Masters License – <i>Near Coastal Waters</i> & tonnage			
11. Present Boat – vessel being insured, # years				27. USCG Masters License – <i>Oceans</i> & tonnage			
12. Coastal – day sailing – at least 6 hours underway per day # days				28. Additional Qualification – Remarks Below			
13. Off Shore – <i>passages requiring night watches</i> # days							
14. Bluewater – ocean crossing – list oceans crossed below							
15. Gale force conditions – <i>experienced offshore and Bluewater</i> # days							

GENERAL INFORMATION (EXPLAIN ALL "YES" RESPONSES BELOW)

	YES	NO	#		YES	NO
1. IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2. IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	DOES THE APPLICANT EMPLOY A PAID CREW? IF SO HOW MANY?		
3. IS THE BOAT USED FOR RACING?			8	WAS ANY OPERATOR INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS? (INSURED OR NOT?)		
4. IS THE BOAT USED FOR WATER SKIING OR DIVING?			9	WAS ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS?		
5. IF THE BOAT IS USED FOR FARE PAYING PASSENGER CHARTERS. WHAT IS THE AVERAGE NUMBER OF PASSENGERS PER TRIP? _____ NUMBER OF TRIPS PER YEAR?						

REMARKS/LOSS DETAILS (INCLUDE DATE, LOCATION, DAMAGE CAUSED AND DOLLAR AMOUNT OF CLAIM)

PLEASE READ BEFORE SIGNING APPLICATION

- This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein.
- Any misrepresentations in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.**

NOTICE:

The normal procedure used by the company to evaluate applications may include obtaining an investigation consumer and credit report involving information on such things as charter, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

APPLICANT SIGNATURE	SIGNATURE DATE
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