



## *Agent Information*

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



# Markel Marine Insurance

## Tradesman Commercial Application

Captain Charter/Guide

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Greetings,

Thank you for contacting Markel to secure a quote on the commercial use of your boat. We understand owners of passenger boats are exposed to significant risks and liabilities; and we take that very seriously.

It is important for us to understand how the business is run and what actions/protective measures are taken to minimize or avoid losses. Accordingly, please provide the following documentation:

- This fully completed and signed application
- Please answer all questions in full detail, describing your business usage
- Copy of appropriate Captain's license (USCG or state required)
- Anything additional you believe would be helpful

Once this information is received, we will begin underwriting your account.

Thank you,

Markel Marine Underwriting



# Markel Marine Insurance

## Tradesman Commercial Application

Captain Charter and Guide

**Thank you for your interest in Markel Marine Insurance. Please provide full and complete answers to all questions. Please be sure to read the policy warranties and requirements section in its entirety.**

### Producer information:

General agent code:		Producer code:	
Name:	Phone:	Contact email:	

### Section 1. Business information

Named insured:		DBA:	
Tax ID/FEIN #:	Mooring location zip code:	Year business was established:	
Location/marina address:			
Mailing address:			
Primary phone:		Website:	
Email:		Desired effective date:	

### Section 2. Designee information (designee means owner, manager, or person signing the application)

Designee name:		Date of birth:	
Home address:		SSN:	

### Section 3. Business detail (please answer with full details)

Describe your charter business in detail, including all activities:

Describe your chartering experience:

Please answer the following regarding your business:

1. Who is your current insurer:	<input type="text"/>
2. Has anyone involved with the business ever been convicted of a felony?	[ ] Yes [ ] No
3. Has the business been cancelled, non-renewed, or refused insurance coverage?	[ ] Yes [ ] No

Please describe any 'yes' responses for questions 2 and 3 above:

Please list, date, and describe all prior business and marine losses/claims:

### Section 4. Charter business

Please answer the following regarding boat usage:

1. Is overnight usage of the units allowed?	[ ] Yes	[ ] No
2. Do you use your boat after sunset?	[ ] Yes	[ ] No
3. If used overnight do you have an EPIRB and life raft aboard?	[ ] Yes	[ ] No

Please describe any 'yes' responses for questions 2 through 3 above:

1. Are all units seaworthy and fit for their intended purpose?	[ ] Yes	[ ] No
2. Are all units and components unmodified and stock?	[ ] Yes	[ ] No
3. Is seating available for all guests that is permanently affixed and in good condition?	[ ] Yes	[ ] No

Please describe any 'no' responses above:

Please explain your safety measures.

If any unit is leased or borrowed, explain the arrangement and provide the contract:

Lienholder(s)/Loss payee(s): <b>Please provide name, address, and relationship.</b>	Additional insured(s): <b>Please provide name, address, and relationship.</b>
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Do you employ a crew? [ ] Yes [ ] No  
 If yes, how many crew (including a hired captain) are on board?

Is food or liquor provided to passengers, or allowed to be brought onboard? [ ] Yes [ ] No  
 If yes, please describe your controls for alcohol use.

Do you offer off the boat activities? [ ] Yes [ ] No  
 Describe any shoreside activities.

**Section 5. Navigation**

Describe the type of waters where the units are used.

If coastal: [ ] 1 mile [ ] 5 miles [ ] 25 miles [ ] 50 miles [ ] 100 miles

Do you lay up (period of non-use or storage) the unit seasonally? If yes, please select: [ ] Ashore [ ] Afloat [ ] On a lift  
 Please provide layup dates: From  to

**Section 6. Operator information**

**Complete the operator addendum form for additional captains.**

Full name:	Date of birth:	
Driver's license #:	License state:	Original Year USCG licensed:

Does the business owner or a captain operate the vessel more than 75% of the time while under charter? [ ] Yes [ ] No

Describe and provide the month/year for all motor vehicle violations and accidents in the past three years:

Please list experience for the three most recent vessels owned or operated.

Vessel year	Builder/Type	Length	From (mo/yr)	To (mo/yr)	Owned	Operated
					[ ] Yes [ ] No	[ ] Yes [ ] No
					[ ] Yes [ ] No	[ ] Yes [ ] No
					[ ] Yes [ ] No	[ ] Yes [ ] No

Describe training and safety courses taken:

Has the operator sustained any injuries that required a doctor visit, hospitalization, or professional care in the past five years?	[ ] Yes	[ ] No
Does the operator have any known health problems?	[ ] Yes	[ ] No
Does the operator take any medication or substance that could impair physical or cognitive ability?	[ ] Yes	[ ] No
Please describe any 'yes' responses above:		

Does the operator have health insurance?	[ ] Yes	[ ] No
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<b>Unit schedule</b>
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<b>Unit 1</b>	[ ] Charter	[ ] Guide (Guide is less than 24' and 5 passenger or less)	Number of passengers:		
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<b>Sail:</b> [ ] Mono hull [ ] Multi hull	<b>Fishing:</b> [ ] Bass [ ] Center console [ ] Sportfish [ ] Drift boat	<b>Power:</b> [ ] Cruiser [ ] Jet boat [ ] Houseboat [ ] Trawler	[ ] PWC [ ] Runabout [ ] Pontoon [ ] Yacht	[ ] Airboat (photos required) [ ] Commercial boat
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Unit make:	Year:	Length:	Model:	Serial/Hull ID:
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Unit material:    Fiberglass    Wood    Steel/metal    Glass over wood    Other	Unit market value:
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Number of engines:	Engine make:	Year:	Total Horsepower:	Engine serial:
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Trailer year:	Trailer make:	Trailer serial:	Trailer market value:
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Is unit ever kept on a mooring ball?	[ ] Yes	[ ] No
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If 'yes', please provide information for the upkeep of mooring:

<b>Coverage</b>
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**Named windstorm deductible:** In areas where a wind deductible applies, the hull value must be greater than the stated deductible, or 5% of the unit value, whichever is greater.

Minimum written premiums	
Charter-Guide	Captained charter
\$500	\$750

Hull coverage
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<b>Unit deductible</b>	[ ] 1%            [ ] 5%	<b>Emergency towing</b>	[ ] \$500            [ ] \$2,500
	[ ] 2%            [ ] 10%		[ ] \$750            [ ] \$5,000
	[ ] 3%            [ ] 20%		[ ] \$1,000            [ ] No emergency
	[ ] 4%            [ ] No hull coverage		[ ] \$1,500            towing coverage

<b>Settlement</b>	[ ] Actual cash value (ACV)    [ ] Agreed value (AV)    [ ] Agreed value/Actual Cash Value
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Liability coverage
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<b>Watercraft liability</b>	[ ] \$25,000            [ ] \$500,000	<b>Personal effects</b>	[ ] \$1,000            [ ] \$10,000
	[ ] \$50,000            [ ] \$1,000,000		[ ] \$2,500            [ ] \$15,000
	[ ] \$100,000            [ ] No liability		[ ] \$5,000            [ ] \$20,000
	[ ] \$300,000		[ ] \$7,500            [ ] \$25,000
<b>Crew Liability</b> (Not available in Guide)	[ ] \$25,000            [ ] \$500,000	<b>Uninsured boater</b>	[ ] \$25,000            [ ] \$500,000
	[ ] \$50,000            [ ] \$1,000,000		[ ] \$50,000            [ ] \$1,000,000
	[ ] \$100,000            [ ] No liability		[ ] \$100,000            [ ] No uninsured
	[ ] \$300,000		[ ] \$300,000            boater coverage
<b>Medical Payments</b>	[ ] \$1,000            [ ] \$15,000	<b>Pollution liability</b>	[ ] \$25,000
	[ ] \$2,500            [ ] \$20,000		[ ] \$300,000
	[ ] \$5,000            [ ] \$25,000		[ ] \$939,400
	[ ] \$10,000            [ ] No medical payments		[ ] No pollution liability

**Premise liability?**    [ ] Yes    **or**    **Slip and mooring liability?**    [ ] Yes  
*Addendum application and photos required - Coverage limit matches liability limit. Coverage not available for commercial fish*

**Additional usage coverage**

Business interruption	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	Fishing equipment	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$4,000
Shoreside liability extension	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$7,500
Guest passenger liquor liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$10,000
Preferred charter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liveaboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Notice**

**For ALL risks**

- By signing this application, you warrant:**
- The business is in compliance with all legal requirements
  - The insured unit is currently seaworthy and that it shall be maintained in a seaworthy condition during the entire policy period
  - The insured unit is to be used only for the declared usage, as stated on the declarations page
  - You possess all required federal, state, and local permits and licenses for the declared usage
  - The maximum number of passengers aboard the unit shall not exceed the lesser of:
    - The limit for passengers or weight by the manufacturer;
    - The limit for passengers or weight by the Coast Guard, or other legal entity with controlling authority; or
    - The limit for passengers as shown on the declarations page.
  - No captain or crew is under the influence of alcohol in excess of the legal amount, or under the influence of marijuana in any amount
  - The insured unit will not be transported overland, outside of the continental United States
  - While being towed overland on a trailer, the combined weight of the insured unit trailer and any equipment may not exceed the towing capacity, as provided by the manufacturer of the towing vehicle
  - If the insured unit is being transported by contract of common carrier, the contract or common carrier must be licensed and must provide a certificate of insurance covering the insured unit

**Applicant statement and signature**

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the Company’s underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living, and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

To offer an accurate quote in connection with this application for insurance, we will review the business designee’s credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the business designee’s insurance score. Future reports may be used to update or renew insurance.

**Fraud warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information.**

**NY** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OR** Providing false, incomplete or misleading information to an insurance company for the purpose of defrauding the company may be considered insurance fraud which can be subject to prosecution. In addition, insurance provided by this policy shall be null and void if you, at any time, including renewal(s), either intentionally conceal or misrepresent any fact, regardless of materiality, or if you misrepresent or conceal any material fact regardless of intent. Any and all charges in any fact(s) or circumstance(s) material to our acceptance of this risk arising during the term of this policy and/or any renewal(s) must be disclosed to us as soon as possible, and any failure to make such disclosure during the term of the policy shall also render this policy null and void.

**PA** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

<b>Applicant signature:</b>	<b>Date:</b>
<b>Producer signature:</b>	<b>Date:</b>