# JM 

## Agent Information

Agency Name: $\qquad$
Agency Code: $\qquad$
Producer/CSR: $\qquad$
Phone: $\qquad$
Email: $\qquad$
New $\square$ Renewal $\square$
Policy Number:

Greetings,
Thank you for contacting Markel to secure a quote on the commercial use of your boat. We understand owners of commercial use 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
- Anything additional you believe would be helpful

Once this information is received, we will begin underwriting your account.
Thank you,
Markel Personal Lines - Underwriting

Markel Marine I nsurance

## Tradesman Commercial Application

Multiple use combined

| Thank you for your interest in Markel Marine I nsurance. 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: | Desired effective da |  |  |
| Name: |  |  |  |  |
| Address: |  |  |  |  |
| Phone: |  | Contact email: |  |  |
| Section 1. Business information |  |  |  |  |
| Named insured (including DBA names): |  |  |  |  |
| Tax ID/FEIN \#: | Mooring location zip code: |  | Year business was e |  |
| Marina/location address: |  |  |  |  |
| Marina/location address: |  |  |  |  |
| Mailing address: |  |  |  |  |
| Primary phone: |  | Secondary phone: |  |  |
| Email: |  | Website: |  |  |
| Section 2. Designee information |  |  |  |  |
| First designee name: |  | Date of birth: |  |  |
| Home address: |  | SSN: |  |  |
| Second designee name: |  | Date of birth: |  |  |
| Home address: |  | SSN: |  |  |
| Section 3. Business detail |  |  |  |  |
| Usages: $\square$ Charter $\square$ Guide $\square$ Bareboat $\square$ Bed and Breakfast $\square$ Commercial fish $\square$ Boat school $\square$ Other/Owner |  |  |  |  |
| Describe your business in detail: |  |  |  |  |
| Describe your operatio |  |  |  |  |
| Please answer the fol <br> 1. Who is your <br> 2. Has anyone <br> 3. Has the bus | siness: <br> ss ever been con -renewed, or ref | of a felony? insurance coverage? | OYes <br> OYes |  |

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

Additional insured(s):
Please provide name, address, and relationship.

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

Section 4. Safety
Please explain your safety measures.

Please answer the following regarding boat usage:

1. Is the business in compliance with all legal requirements?
2. Is overnight usage of the units allowed?
3. Is operation permitted from dusk to dawn?

OYes
○no
Please describe any 'yes' responses for questions 2 through 3 above:

1. Are all units seaworthy and fit for their intended purpose?
2. Are all units and components unmodified and stock?
3. If a pontoon, are all access gates attached and in good working order? Photos required.
4. Is seating available for all guests that is permanently affixed and in good condition?

Do you lay up the unit seasonally? If yes, please select: $\square$ Ashore $\square$ Afloat $\square$ On a lift
Please provide layup dates: From
to $\square$
Lienholder(s)/Loss payee(s):
Please provide name, address, and relationship.

## Section 6. Charter usage

## Do you employ a crew?

If yes, how many crew (including a hired captain) are on board? $\square$

Is food or liquor provided to passengers?
OYes Ono
If yes, please describe how alcohol is provided and if there is a charge.

Describe any shoreside activities.

Section 7. Bareboat charter usage
How old must a person be to charter a vessel?
How old must a person be to operate?
Do you require all known participants to sign the contract? $\quad$ 〇Yes 0 No
Describe how you screen and validate the experience of each participant (attach applicable forms).

## Section 8. Navigation

Describe the waters where the units are used.

If coastal: $\square 1$ mile $\quad \square 5$ miles $\square 25$ miles $\quad \square 50$ miles $\square 100$ miles

## Section 9. Operator information

## Complete addendum for added captains.

| Full name: | Date of birth: |  |
| :--- | :--- | :--- |
| Driver's license \#: | License state: | Year USCG licensed: |
| Does the business owner or a captain operate the vessel more than $75 \%$ of the time while under charter? | OYes | ONo |

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

Describe and provide the month/year for all marine losses that have occurred personally, or for any vessel when its operator was in control.

Does the operator take any medication or substance that could impair physical or cognitive ability?
If yes, please describe.
Yes
ONo


| Watersport liability (available for owner use only) | $\square \$ 25,000$ $\square \$ 50,000$ $\square \$ 100,000$ $\square \$ 300,000$ | $\square \$ 500,000$ $\square \$ 1,000,000$ $\square$ No watersport liability | Uninsured looater (not available for commercial fish) | $\square \$ 25,000$ $\square \$ 500,000$ <br> $\square \$ 50,000$ $\square \$ 1,000,000$ <br> $\square \$ 100,000$ $\square$ No uninsured <br> $\square \$ 300,000$ boater coverage |
| :---: | :---: | :---: | :---: | :---: |
| Medical Payments | $\square \$ 1,000$ $\square \$ 2,500$ $\square \$ 5,000$ $\square \$ 10,000$ | \$15,000 \$20,000 \$25,000 No medical payments | Pollution liabilility | \$25,000 \$300,000 \$939,400 No pollution liability |

Premise liability? $\quad$ Yes or Slip and mooring liability? $\square$ Yes
Addendum application and photos required - Coverage limit matches liability limit. Coverage not available for commercial fish


## For BED AND BREAKFAST risks

By signing this application, you warrant:

- A bed and breakfast guest may not start the engines or navigate the insured vessel.
- At all times, working smoke and carbon monoxide detectors will be onboard and functional in all state rooms, and as recommended by the American Boat \& Yacht Council.


## For ALL risks

By signing this application, you warrant:

- 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:
o The limit for passengers or weight by the manufacturer;
o The limit for passengers or weight by the Coast Guard, or other legal entity with controlling authority; or
o 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.

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 mutually 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
NY five thousand dollars and the stated value of the claim for each such violation.
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
OR failure to make such disclosure during the term of the policy shall also render this policy null and void.
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
PA fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

| Applicant signature: | Date: |
| :--- | :--- |
| Producer signature: | Date: |

