

# **Agent Information**

| Agency Name:   |         |
|----------------|---------|
| Agency Code:   |         |
| Producer/CSR:  |         |
| Phone:         |         |
| Email:         |         |
| New            | Renewal |
| Policy Number: |         |



### Markel Marine Insurance

**Tradesman Commercial Application**Multiple use combined

#### 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 Insurance**

## **Tradesman Commercial Application**

Multiple use combined

| Thank you for your interest in Markel Marine Please be sure to read the policy warranties a  | =                     |                          | ers to all ques | tions.            |     |
|--|-----------------------|--------------------------|-----------------|-------------------|-----|
| Producer information:  |                       |                          |                 |                   |     |
| General agent code:  | Producer code:        | Desired effective date:  |                 |                   |     |
| Name:  |                       |                          |                 |                   |     |
| Address:   |                       |                          |                 |                   |     |
| Phone:   |                       | Contact email:           |                 |                   |     |
| Section 1. Business information  |                       |                          |                 |                   |     |
| Named insured (including DBA names):   |                       |                          |                 |                   |     |
| Tax ID/FEIN #:   | Mooring location zip  | code:                    | Year busines    | ss was establishe | ed: |
| Marina/location address:   |                       |                          |                 |                   |     |
| Marina/location address:   |                       |                          |                 |                   |     |
| Mailing address:   |                       |                          |                 |                   |     |
| Primary phone:   |                       | Secondary phone:         |                 |                   |     |
| Email:   |                       | Website:                 |                 |                   |     |
| Section 2. <b>Designee information</b>   |                       |                          |                 |                   |     |
| First designee name:   |                       | Date of birth:           |                 |                   |     |
| Home address:  |                       | SSN:                     |                 |                   |     |
| Second designee name:  |                       | Date of birth:           |                 |                   |     |
| Home address:  |                       | SSN:                     |                 |                   |     |
| Section 3. Business detail Usages:  Charter  Guide  Bareboat Describe your business in detail:   | ☐ Bed and Breakfast   | ☐ Commercial fish ☐ Boat | t school 🗆 C    | Other/Owner       |     |
| Describe your operational experience:  Please answer the following regarding your but  | usiness:              |                          |                 |                   |     |
| <ol> <li>Who is your current insurer:</li> <li>Has anyone involved with the busine</li> <li>Has the business been cancelled, nor</li> <li>Please describe any 'yes' responses for quest</li> </ol> | _                     |                          | ☐ Yes<br>☐ Yes  | □ No □ No         |     |
| Additional insured(s):  Please provide name, address, and relation   | ionship.              |                          |                 |                   |     |
| Please list and describe all prior business and  | marine losses/claims: |                          |                 |                   |     |
| Section 4. Safety  |                       |                          |                 |                   |     |
| Please explain your safety measures.   |                       |                          |                 |                   |     |

| Section 5. Boat usage   |   |                 |              |  |  |
|---|---|-----------------|--------------|--|--|
| Please answer the following regarding boat usage:   |   |                 |              |  |  |
| <ol> <li>Is the business in compliance with all legal requirements?</li> <li>Is overnight usage of the units allowed?</li> </ol>  | ☐ Yes<br>☐ Yes                            | □ No<br>□ No    |              |  |  |
| Is overnight usage of the units allowed?     Is operation permitted from dusk to dawn?  |   | ☐ 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         |  |  |
| <ul><li>2. Are all units and components unmodified and stock?</li><li>3. If a pontoon, are all access gates attached and in good worl</li></ul>   | king order? Photos required               | ☐ Yes<br>☐ Yes  | □ No<br>□ No |  |  |
| 4. Is seating available for all guests that is permanently affixed  |   | □ Yes           | □ No         |  |  |
| Please describe any 'no' responses above:   |   |                 |              |  |  |
|   |   |                 |              |  |  |
| De veu leu un the unit economelle Alfred misese eclect. Albert  | D Affact D On a lift                      |                 |              |  |  |
| Do you lay up the unit seasonally? If yes, please select: ☐ Ashore  | LI Alloat LI On a liit                    |                 |              |  |  |
| Please provide layup dates: From to to  |   |                 |              |  |  |
| Lienholder(s)/Loss payee(s):  Please provide name, address, and relationship.   |   |                 |              |  |  |
|   |   |                 |              |  |  |
|   |   |                 |              |  |  |
| Section 6. Charter usage  |   |                 |              |  |  |
| 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?   |   | ☐ Yes           | □ No         |  |  |
| If yes, please describe how alcohol is provided and if there is a charge  | ge.                                       |                 |              |  |  |
|   |   |                 |              |  |  |
| 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?   |   | ☐ Yes           | □ No         |  |  |
| Describe how you screen and validate the experience of each partici   | pant (attach applicable forms).           |                 |              |  |  |
|   |   |                 |              |  |  |
|   |   |                 |              |  |  |
| Section 8. Navigation   |   |                 |              |  |  |
| Describe the waters where the units are used.   |   |                 |              |  |  |
|   |   |                 |              |  |  |
| If coastal: ☐ 1 mile ☐ 5 miles ☐ 25 miles ☐ 50 miles ☐ 100 m  | niles                                     |                 |              |  |  |
| Section 9. Operator information   |   |                 |              |  |  |
|   |   |                 |              |  |  |
| Complete addendum for added captains.  Full name:   | Date of birth:                            |                 |              |  |  |
| Driver's license #:   | License state:                            | Year USCG lice  | nsod:        |  |  |
|   |   | ☐ Yes           | □ No         |  |  |
| Does the business owner or a captain operate the vessel more than 75% of the time while under charter?  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 motor vehicle violations  | and according in the past tillee years.   |                 |              |  |  |
| Describe and provide the month/year for all marine losses that have   | occurred personally, or for any vessel wh | en its operator | was in       |  |  |
| control.  | vossor with                               |                 |              |  |  |
| Door the energter take any medication or substance that actual inves-   | ir physical or cognitive chills 2         |                 |              |  |  |
| Does the operator take any medication or substance that could impa<br>If yes, please describe.  | iii priysicai or cognitive ability?       | ☐ Yes           | □ No         |  |  |
| n yes, preuse deserise.   |   |                 |              |  |  |

| Please list exper   | ience for the thre                 | e most recent ve                                       | ssels owner                         | d or ope | rated.  |               |             |                       |                                      |   |
|---|------------------------------------|--|-------------------------------------|----------|---|---------------|-------------|-----------------------|--------------------------------------|---|
| Vessel year   | Bui                                | lder   | Length                              | From (   | (mo/vr)   | To (mo/yı     | .) (        | Owned                 |                                      | Operated  |
| resser year   | <u> </u>                           | 1401   | Longui                              | T T OILL | (110, 11)   | 10 (11107 )1  | _           | ′es □ No              | )                                    | ☐ Yes ☐ No  |
|   |                                    |  |                                     |          |   |               |             | ′es □ No              | )                                    | □ Yes □ No  |
|   |                                    |  |                                     |          |   |               |             | ′es □ No              | )                                    | ☐ Yes ☐ No  |
| Describe training   | g and safety cours                 | ses taken:   |                                     |          |   |               |             |                       |                                      |   |
|   |                                    |  |                                     |          |   |               |             |                       |                                      |   |
| Has the operator sustained any injuries that required a doctor visit, hospitalization, or professional care in the past five years?  If yes, please describe. |                                    |  |                                     |          |   |               |             |                       |                                      |   |
| Does the operat<br>If yes, please de  | or have any know<br>escribe.       | n health problen                                       | ns?                                 |          |   |               |             |                       | ☐ Yes                                | □No   |
| Does the operat   | or have health ins                 | surance?   |                                     |          |   |               |             |                       | ☐ Yes                                | □No   |
| Unit schedu   | le                                 |  |                                     |          |   |               |             |                       |                                      |   |
| Photos of po  | ntoons are re                      | eauired, shov  | vina the (                          | conditi  | ion of th   | ne unit and   | d that all  | gates a               | are fully                            | paneled.  |
|   | arter 🗆 Guide                      |  |                                     |          |   |               |             |                       |                                      | •   |
| For charter use,  | number of passer                   | ngers:   |                                     |          |   |               |             |                       |                                      |   |
| Sail:  Mono hull  Multi hull  |                                    | Fishing:  Bass Center co Sportfish Drift boat          |                                     | Po       | wer:<br>Cruiser<br>Jet boat<br>Housebo<br>Trawler | at 🗆          | Runabou     | t C                   | Pontoor                              | it<br>n (photos required)<br>ercial boat                    |
| Unit make:  |                                    | Year:  | Length:                             |          | Model:  |               |             | Serial/H              | ull ID:                              |   |
| Unit material: □  | Fiberglass □ Wo                    | ood   Steel/me   | tal 🗆 Glass                         | s over w | ood 🗆 C   | ther          |             | Unit mai              | rket value:                          |   |
| Number of engir   | nes: Er                            | ngine make:  |                                     | Year:    |   | Horsepow      | er:         | Engine s              | serial:                              |   |
| Trailer year:   | Trailer r                          | nake:  |                                     |          | Trailer sei                                       | rial:         |             | Trailer n             | narket valu                          | ıe:   |
| Is unit ever kept on a mooring ball?  If 'yes', please explain:   |                                    |  |                                     |          |   |               |             |                       |                                      |   |
| Coverage  |                                    |  |                                     |          |   |               |             |                       |                                      |   |
|   | storm deductil<br>5% of the unit v |  |                                     |          | ıctible apı                                       | plies, the hu | III value m | ust be gr             | eater thai                           | n the stated  |
|   | 0                                  |  |                                     |          |   | emiums        | D           | -111-                 | t 0                                  | _   |
|   | Owner/Op<br>Charter                |  | Captaine                            |          | er, Bed 8<br>It school                            | breakfast,    |             | eboat cha<br>ommercia |                                      |   |
|   | \$50                               | 00   |                                     |          | \$750   |               |             | \$1,000               |                                      |   |
| Hull coverage   |                                    |  |                                     |          |   |               |             |                       |                                      |   |
| Un  | it deductible                      | □ 1%<br>□ 2%<br>□ 3%<br>□ 4%                           | ☐ 5% ☐ 10% ☐ 20% ☐ No hull          |          | _   | Emerger       |             |                       | \$500<br>\$750<br>\$1,000<br>\$1,500 | □ \$2,500<br>□ \$5,000<br>□ No emergency<br>towing coverage |
| Settlement ☐ Actual cash value (ACV) ☐ Agreed value (AV) ☐ Agreed value/Actual Cash Value   |                                    |  |                                     |          |   |               |             |                       |                                      |   |
| Liability coverage  Watercraft liability □ \$25,000 □ \$500,000 Personal effects □ \$1,000 □ \$10,000   |                                    |  |                                     |          |   |               |             |                       |                                      |   |
| vvatero   | craft liability                    | □ \$25,000<br>□ \$50,000<br>□ \$100,000<br>□ \$300,000 | □ \$500,0<br>□ \$1,000<br>□ No lial | 0,000    |   | Perso         | iilai ette0 |                       | \$2,500<br>\$5,000<br>\$7,500        | □ \$15,000<br>□ \$15,000<br>□ \$20,000<br>□ \$25,000        |

| Watersport liability (available for owner use only)  | □ \$25,000<br>□ \$50,000<br>□ \$100,000<br>□ \$300,000 | □ \$500,000<br>□ \$1,000,000<br>□ No watersport<br>liability       | Uninsured boater (not available for commercial fish)     | □ \$25,000<br>□ \$50,000<br>□ \$100,000<br>□ \$300,000                                 | ☐ \$500,000<br>☐ \$1,000,000<br>☐ No uninsured<br>boater coverage |  |  |
|--|--|--|--|--|---|--|--|
| Medical Payments   | □ \$2,500<br>□ \$5,000<br>□ \$10,000                   | ☐ \$15,000<br>☐ \$20,000<br>☐ \$25,000<br>☐ No medical<br>payments | Pollution liability                                      | □ \$25,000<br>□ \$300,000<br>□ \$939,400<br>□ No pollution                             | liability   |  |  |
| Premise liability?   Yes   |  | and mooring liab   | oility? ☐ Yes  Coverage not available for commercial fis | ch.  |   |  |  |
| Addendam application and priotos req   | ulieu - coverage iiii                                  | Additional us  |  | 5//  |   |  |  |
| Captained charter Crew liability # crew  | □ \$25,000<br>□ \$50,000<br>□ \$100,000                | □ \$300,000<br>□ \$1,000,000                                       | Charter/Guide<br>Fishing equipment                       | □ \$1,000<br>□ \$2,000<br>□ \$3,000<br>□ \$4,000                                       | □ \$5,000<br>□ \$7,500<br>□ \$10,000                              |  |  |
| Fishing equipment  | □ \$1,000<br>□ \$2,000<br>□ \$3,000<br>□ \$4,000       | □ \$5,000<br>□ \$7,500<br>□ \$10,000                               | Business interruption  Preferred charter                 | □ \$2,500  | \$5,000   |  |  |
|  |  | □ ¢F 000   |  |  |   |  |  |
| Business interruption  | \$2,500  | □ \$5,000  | Shoreside liability extension                            | □ Yes □ N  | 0   |  |  |
| Liveaboard   | ☐ Yes ☐ No   |  |  |  |   |  |  |
| Preferred charter  | ☐ Yes ☐ No   |  |  |  |   |  |  |
| Shoreside liability extension  | ☐ Yes ☐ No   |  |  |  |   |  |  |
| Guest passenger liquor liability <b>Bareboat</b>   | ☐ Yes ☐ No   | passengers   | Boat school  | ☐ Yes – No. of   | f passangars  |  |  |
| Captained charter  | □ No   | basserigers  | Captained charter  | ☐ No   | passengers  |  |  |
| Bed and breakfast<br>Liveaboard  | ☐ Yes ☐ No   |  | Owner/Operator<br>Liveaboard                             | □ Yes □ N  | 0   |  |  |
| Business interruption  | □ \$2,500 □ \$5,                                       | 000  | Cargo  | □ Yes □ N  | 0   |  |  |
|  |  | oassengers   | Business interruption                                    | □ \$2,500 □ \$!  | 5,000   |  |  |
| Captained charter  | □ No   |  | Crew liability   | □ \$25,000<br>□ \$50,000<br>□ \$100,000<br>□ \$300,000<br>□ \$500,000<br>□ \$1,000,000 |   |  |  |
| Notice   |  |  |  |  |   |  |  |
| For BAREBOAT CHARTER risks   |  |  |  |  |   |  |  |
| By signing this application, you warrant:  • A charterer shall not be:   |  |  |  |  |   |  |  |
| <ul> <li>Less than 18 years of age;</li> <li>Permitted to use the insured vessel for any purpose other than pleasure;</li> <li>Permitted to race the insured vessel; or</li> <li>Permitted to sub-charter or assign the Charter Agreement to another party.</li> <li>Appropriate measures shall be undertaken to validate that the charterer has sufficient experience to command, operate, and navigate the insured vessel via written resume and verbal interview.</li> <li>Any charterer shall hold a valid driver's license. A photocopy of the driver's license(s) must be retained for a period of two years.</li> </ul> |  |  |  |  |   |  |  |
| <ul> <li>Prior to any bareboat charter, all operators shall be provided:         <ul> <li>Instruction covering the operational characteristics of the insured vessel;</li> <li>Appropriate personal floatation devices for each person aboard, as required by the Coast Guard or other legal entity with controlling authority; and</li> </ul> </li> <li>Appropriate safety equipment, as required by the Coast Guard or other legal entity with controlling authority.</li> </ul>   |  |  |  |  |   |  |  |

#### 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:
  - 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
  - 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: |