



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



RLI Insurance Company
Peoria, IL 61615

HULL AND PROTECTION & INDEMNITY PASSENGER/EXCURSION BOATS APPLICATION

Please Print or Type.

PRODUCER INFORMATION

1. Name of agency: _____
2. Producer and telephone number: _____
3. Is the account new to the producer? Yes No If "No," how many years has this account been handled? _____

GENERAL INFORMATION

1. Name of applicant: _____
2. Contact person for inspection and telephone number: _____
3. Business address: _____
4. Current Insurer: _____
5. Effective date of coverage: _____
6. Name of principal(s) and/or owner(s): _____
7. Has the applicant and/or its affiliated companies been involved in bankruptcy proceedings?
Yes No If "Yes," please specify details on separate sheet.
8. Has insurance ever been denied, cancelled or non-renewed on this applicant and/or its affiliated companies?
Yes No If "Yes," please state why. _____
9. What is the nature of applicant's trade/operation: _____

10. Number of years applicant has operated vessels in this trade/operation: _____
11. Number of years operating under existing name: _____
12. Has applicant operated vessels under any other corporation or partnership in the past 10 years? Yes No
If "Yes," please explain. _____
13. Please provide details of all contractual obligations the applicant might incur as they relate to this requested insurance:

COVERAGE DESIRED

- Hull & Machinery Limit: _____ Hull Deductible: _____
- Protection & Indemnity Limit of Liability: _____ P&I Deductible: _____
- Crew Coverage: Yes No If Yes, # of Hard Crew: _____ # of Soft Crew: _____
- USCG Certified # Of Passengers: _____ Passenger Count (Maximum): _____ Passengers Count (Average): _____
- Medical Payments Limit: _____ Trailer Limit: _____ Personal Effects Limit: _____
- Fishing Equipment limit: _____ Tow & Assistance: _____ Other (list coverage and limits desired): _____

VESSEL DETAILS

Note: This "Vessel Details" section should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be added during the policy year should be submitted in a similar format.

Vessel Name		Date Acquired	Year Built	Type of Vessel		Manufacturer	GRT
Length	Beam	Draft	Hull Material	Engine Type		Engine Mfgr	
Engine year	# of Engines	Horsepower	Fuel type	Generator: Yes or No		Generator Mfgr	
Date of Last Haul Out			Date of Next haul Out		Date of last vessel survey		
Purchase Price	Fair Market Value	Mortgage Balance		Loss Payee		Loss Payee Address	

Is Vessel Equipped With:

- High temperature/low oil pressure alarms on the engines? Yes No
- Bilge alarms in good working condition? Yes No
- Automatic fire extinguishing system in the engine room? Yes No
- Non-skid paint or surface on deck and on all ladders? Yes No
- Fire extinguishing and safety equipment meeting U.S. Coast Guard standards? Yes No
If "No," please explain why not. _
- Please check all that apply:

<input type="checkbox"/> Ship to Shore	<input type="checkbox"/> Radar	<input type="checkbox"/> Auto Pilot	<input type="checkbox"/> Compass	<input type="checkbox"/> VHF	<input type="checkbox"/> Loran	<input type="checkbox"/> Watch Alarm
<input type="checkbox"/> GPS	<input type="checkbox"/> Depth Finder	<input type="checkbox"/> EPIRB	<input type="checkbox"/> _____	<input type="checkbox"/> _____		

VESSEL OPERATIONS

- Vessel Use:

<input type="checkbox"/> Sportfishing	<input type="checkbox"/> 6 Pack Charter	<input type="checkbox"/> Head Boat	<input type="checkbox"/> Excursion	<input type="checkbox"/> Whalewatching	<input type="checkbox"/> Scuba/Snorkeling	<input type="checkbox"/> Ferry
<input type="checkbox"/> Other (explain) _____						
- Operate as USCG Inspected or Uninspected Vessel (UPV): _____
- Maintain Valid USCG Certificate of Inspection (COI) _____
- Navigational Area: _____
- Principal Place of Mooring: _____
- Period of Navigation: _____ Lay-up: _____
- Overnight Trips? Yes... No.... If yes, explain _____
- Is Liquor served or sold on board vessel? _____ If Yes, explain _____
- Is Liquor served or sold on board vessel? _____ If Yes, explain _____

DETAILS ON CREW / EMPLOYEES / OTHERS

- Is Vessel owner-operated? Yes..... No....
- Experience of owner as operator: _____ As captain: _____
- Total number of crew employed: _____
- Max. number of crew working @ A.O.T.: _____
- Personnel turnover per year: _____% Licensed Personnel _____% Deckhands
- Total annual payroll for crew: _____

7. Number of employees typically onboard other than crew: _____
 Describe the circumstances under which these other employees are onboard the applicant's vessels. _____
8. Are there any other "third party" personnel quartered on or working from the scheduled vessels? Yes No
 If "Yes," describe whom and the circumstances why. _____

SAFETY & LOSS PREVENTION

1. Does applicant/owner employ a loss prevention and/or safety director? Yes No
 List qualifications/experience: _____
2. How many hours a week does this individual spend in his/her capacity as a Loss Prevention and/or Loss Safety Director?: _____
3. Have the applicant's operations been subject to an independent safety audit? Yes No If "Yes," give details of audit and recommendation, including whose advisory services were employed and date when implementation took place. (Please use separate sheet.)
4. Please describe the applicant's pre-employment screening practices and employment physicals required of new hires:

5. Are safety and training programs a fully budgeted item? Yes No
6. Does Training involve Lifesaving/Rescue skills and CPR? Yes No
7. Please describe in detail the company's orientation, safety and training programs (including manuals provided) for crew/employees:

8. Are safety meetings held on a regular basis? Yes No If "Yes," how often? _____
9. Health care plan or policy in effect for the crew? Yes No
10. Please describe applicant's maintenance program for vessels and equipment including any self-inspection program:

LOSS HISTORY

Please list all reported incidents for the previous five (5) years. The list must include ALL previously Closed Claims, including the Closed without payments, 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. ALL figures should contain Legal Fees and Expenses.

Note: The information above must be reported for ALL vessels operated by the Applicant/Assured and/or Affiliated Companies for the previous five (5) years, whether or not the vessels appear on the attached schedule and displayed in the format outlined below.

Date of Loss	Status Open/Closed	Description of Loss	Net Paid Amount	Net Reserve Amount	Applicable Deductible

Please furnish copies of the most current condition and valuation surveys for the vessels outlined above as well as copies of valid USCG Certificates.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____