



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

Markel Marine Insurance

Markel Tradesman™ Commercial Application

Owner/operator
usage



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



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 business was established: _____

Location/marina address: _____

Mailing address: _____

Primary phone: _____ Secondary phone: _____

Email: _____ Website: _____

SECTION 2. DESIGNEE INFORMATION

Designee name: _____ DOB: _____

Home address: _____ SSN: _____

Designee name: _____ DOB: _____

Home address: _____ SSN: _____

SECTION 3. BUSINESS DETAIL

Usages: [] Bed and Breakfast [] Commercial fish [] Boat school [] Other/Owner _____

Describe your business in detail:

Describe your operational experience:



Please answer the following regarding your business:

1. Who is your current insurer: _____
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:

Additional insured(s):

Please provide name, address, and relationship

Please list, date, 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:

1. Is the business in compliance with all legal requirements? Yes No
2. Are multi-day rentals allowed? Yes No
3. 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
- 2. Are all units and components unmodified and stock? Yes No
- 3. If a pontoon, are all access gates attached and in good working order? Photos required. Yes No
- 4. Is seating available for all guests that is permanently affixed and in good condition? Yes No

Please describe any 'no' responses above:

Do you lay up the unit seasonally? If yes, please select: Ashore Afloat On a lift

Please provide layup dates: From _____ to _____

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

Lienholder(s)/Loss payee(s):

Please provide name, address, and relationship

SECTION 6. STORAGE

Is storage: On a trailer Stack storage On a lift Slip/dock Other _____

Describe storage location _____

Describe the waters where the units are used.

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



SECTION 7. OPERATOR INFORMATION

Complete the addendum for added captains.

Full name: _____ Driver's license #: _____

Date of birth: _____ License state: _____ Original year USCG licensed: _____

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? Yes No
If yes, please describe.

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
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If yes, please describe. Yes No



Does the operator have any known health problems?
If yes, please describe.

[] Yes [] No

Does the operator have health insurance?

[] Yes [] No

SECTION 8. CHARTER USAGE – FOR CHARTER USE ENDORSEMENT

Does the business owner or a captain operate the vessel more than 75% of the time while under charter?

[] Yes [] No

Is food or liquor provided to passengers?
If yes, please describe.

[] Yes [] No

UNIT SCHEDULE

Photos of pontoons are required, showing the condition of the unit and that all gates are fully paneled.

Unit 1 [] Bed and Breakfast [] Commercial fish [] Boat school [] Other/owner

For charter use, number of passengers: _____

Sail:

- [] Mono hull
- [] Multi hull

Fishing:

- [] Bass
- [] Center console
- [] Sportfish
- [] Drift boat

Power:

- [] Cruiser
- [] Jet boat
- [] Houseboat
- [] Trawler

- [] PWC
- [] Runabout
- [] Airboat
- [] Yacht

- [] Ski boat
- [] Pontoon (photos required)
- [] Commercial boat

Unit make: _____ Year: _____ Length: _____

Model: _____ Serial/Hull ID: _____

Unit material: [] Fiberglass [] Wood [] Steel aluminum [] Glass over wood [] Other

Unit market value: _____ Number of engines: _____ Engine make: _____ Year: _____

Horsepower: _____ Engine serial: _____ Trailer serial: _____

Trailer year/make: _____ Trailer market value: _____

Is unit ever kept on a mooring ball?

[] Yes [] No

If 'yes', please provide information for the upkeep of mooring:



COVERAGE

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

Owner/Operator	Bed & breakfast, Boat school	Commercial fish
\$500	\$750	\$1,000

Hull coverage

- | | | | | | |
|------------------------|-----------------------------|---|-------------------------|----------------------------------|---|
| Unit deductible | <input type="checkbox"/> 1% | <input type="checkbox"/> 5% | Emergency towing | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$2,500 |
| | <input type="checkbox"/> 2% | <input type="checkbox"/> 10% | | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$5,000 |
| | <input type="checkbox"/> 3% | <input type="checkbox"/> 20% | | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> No emergency towing coverage |
| | <input type="checkbox"/> 4% | <input type="checkbox"/> No hull coverage | | <input type="checkbox"/> \$1,500 | |

- Settlement** Actual cash value (ACV) Agreed value (AV) Agreed value/Actual Cash Value

Liability coverage

- | | | | | | |
|---|------------------------------------|--|--|---|---|
| Watercraft liability | <input type="checkbox"/> 25,000 | <input type="checkbox"/> \$500,000 | Personal effects | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$10,000 |
| | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$1,000,000 | | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$15,000 |
| | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> No liability | | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 |
| | <input type="checkbox"/> \$300,000 | | | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$25,000 |
| Watersport liability
(available for owner use only) | <input type="checkbox"/> 25,000 | <input type="checkbox"/> \$500,000 | Uninsured boater
(not available for commercial fish) | <input type="checkbox"/> 25,000 | <input type="checkbox"/> \$500,000 |
| | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$1,000,000 | | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$1,000,000 |
| | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> No watersport liability | | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> No uninsured boater coverage |
| | <input type="checkbox"/> \$300,000 | | | <input type="checkbox"/> \$300,000 | |
| Medical payments | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$15,000 | Pollution liability | <input type="checkbox"/> \$25,000 | |
| | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$20,000 | | <input type="checkbox"/> \$300,000 | |
| | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$25,000 | | <input type="checkbox"/> \$939,400 | |
| | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> No medical payments | | <input type="checkbox"/> 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

Bed and breakfast

- Liveaboard Yes No
- Business interruption \$2,500 \$5,000
- Captained charter Yes – No. of passengers _____
 No

Owner/Operator

- Liveaboard Yes No
- Cargo Yes No
- Business interruption \$2,500 \$5,000
- Crew liability \$25,000
 \$50,000
 \$100,000
 \$300,000
 \$500,000
 \$1,000,000

NOTICE

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
 - 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'S 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 PA commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant signature: _____ Date: _____

Producer signature: _____ Date: _____