



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
- 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

| Passenger use | • • | | | | | |
|---|-------------------------------|------------------|-------------------|----------------|------|--|
| Thank you for your interest in Markel Mar Please be sure to read the policy warrant | | | wers to all quest | ions. | | |
| Producer information: | | | | | | |
| General agent code: | Producer code: | | Desired effe | ective date: | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Phone: | | Contact email: | | | | |
| Section 1. Business information | | | | | | |
| Named insured (including DBA names): | | | | | | |
| Tax ID/FEIN #: | Mooring location zip | code: | Year busines | s was establis | hed: | |
| Location/marina address: | | | | | | |
| Mailing address: | | | | | | |
| Primary phone: | | Secondary phone: | | | | |
| Email: | | Website: | | | | |
| Section 2. Designee information | | | | | | |
| Designee name: | | | Date of birth: | | | |
| Home address: | | SSN: | | | | |
| Section 3. Business detail Usages: □ Charter □ Guide □ Bareb | oat | | | | | |
| Describe your business in detail: | | | | | | |
| Describe your chartering experience: | | | | | | |
| | | | | | | |
| | | | | | | |
| Please answer the following regarding you 1. Who is your current insurer: | ur business: | | | | | |
| 2. Has anyone involved with the bu | | | | □ 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 relation | onship. | | | | | |
| | | | | | | |
| | | | | | | |
| Please list, date, and describe all prior but | siness and marine losses/clai | ms: | | | | |
| | | | | | | |
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| 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 |
| Is overnight usage of the units 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 |
| If a pontoon, are all access gates attached and in good working order? <i>Photos required.</i> Is seating available for all guests that is permanently affixed and in good condition? | □ Yes □ Yes | □ No □ No |
| 4. Is seating available for all guests that is permanently affixed and in good condition? 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. 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. | | |
| | | |
| | | |
| 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 participant (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 miles | | |

| Section 9. Operato | r informa | ation | | | | | | | | | |
|---|---------------|--------------------|--------------|--|----------------------------|---------------------------------|----------------|-------------------|-------------------------------------|----------------------|---------|
| Complete addendum | for added | captains. | | | | | | | | | |
| Full name: | | | | | Date of birth: | | | | | | |
| Driver's license #: | | | License | | | Year USCG licensed: | | | | | |
| Does the business own | | | | | | | | | □ Yes | □ No | |
| Describe and provide the | ne month/y | ear for all motor | venicle vic | plations ar | nd accide | ents in the past th | hree ye | ears: | | | |
| Describe and provide the | ne month/y | ear for all marin | e losses tha | at have o | ccurred p | ersonally, or for | any ve | essel when i | ts operator | r was in control | |
| Does the operator take If yes, please describe. | - | | | | | or cognitive abili | ity? | | □ Yes | □ No | |
| Please list experience f | | | | | | | | - | | - | |
| Vessel year | Build | der | Length | From (I | mo/yr) | To (mo/yr) | | Owned Yes □ No | [| Operated ⊐Yes □No | |
| | | | | | | | | Yes □ No | [| ⊐Yes □No | |
| | | | | | | | | Yes 🗆 No | [| ⊐Yes □No | |
| Describe training and s | afety cours | es taken: | | | | | | | | | <u></u> |
| Has the operator sustain the past five years? If yes, please describe. | | juries that requir | ed a docto | r visit, ho | spitalizat | ion, or professio | nal car | e in | □ Yes | □ No | |
| Does the operator have If yes, please describe. | | n health problem | is? | | | | | | □ Yes | □ No | |
| Does the operator have | e health insi | urance? | | | | | | | □ Yes | □ No | |
| Unit schedule | | | | | | | | | | | |
| Photos of pontoor | ns are re | quired, show | /ing the | conditio | on of th | ne unit and t | hat al | II gates a | re fully | oaneled. | |
| Unit 1 Charter | | | | | | | | | | | |
| For charter use, number of passengers: Sail: Fishing: Mono hull Bass Multi hull Center console Sportfish Drift boat | | nsole | | □ Jet boat □ Rur □ Houseboat □ Airk | | PWC Runal Airboa Yacht | bout E at E | | t n (photos requi ercial boat | red) | |
| Unit make: Year: Length: | | | Model: | | | Serial/Hull ID: | | | | | |
| Unit material: 🗆 Fiberg | lass 🗆 Woo | od 🛛 Steel/met | tal 🗆 Glas | s over wo | | | | Unit marke | nit market value: | | |
| Number of engines: | | ine make: | | Year: | Horsepower: Engine serial: | | | | | | |
| Trailer year: | Trailer ma | ake: | Tra | ailer serial | | | | | | | |
| Is unit ever kept on a n If 'yes' , please explain: | | ? | | | | | | Π Υ | 'es | □ No | |

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 | | | | | | |
|--|--|--|------------------------------------|----------------------------------|--|---|
| Charter | | Captained charter Barebo | | | | |
| \$50 | 00 | \$75 | 50 | \$1 | 1,000 | |
| | | Hull cov | rerage | | | |
| Unit deductible | □ 1% □ 2% □ 3% □ 4% | □ 5% □ 10% □ 20% □ No hull coverage | | cy towing | □ \$500 □ \$750 □ \$1,000 □ \$1,500 | □ \$2,500 □ \$5,000 □ No emergency towing |
| Settlement | □ Actual cash v | . , , , , , , , , , , , , , , , , , , , | | Agreed value/ P | Actual Cash Valu | IE |
| | - | Liability c | | | - | |
| Watercraft liability | □ \$25,000 □ \$50,000 □ \$100,000 □ \$300,000 | □ \$500,000 □ \$1,000,000 □ No liability | Persor | nal effects | □ \$1,000 □ \$2,500 □ \$5,000 □ \$7,500 | □ \$10,000 □ \$15,000 □ \$20,000 □ \$25,000 |
| Watersport liability (available for owner use only) | charter/guide/ba | | Uninsure (not available for con | ed boater mmercial fish) | □ \$25,000 □ \$50,000 □ \$100,000 □ \$300,000 | ☐ \$500,000 ☐ \$1,000,000 ☐ No uninsured boater coverage |
| Medical Payments | □ \$1,000 □ \$2,500 □ \$5,000 □ \$10,000 | □ \$15,000 □ \$20,000 □ \$25,000 □ No medical payments | Polluti | on liability | □ \$25,000 □ \$300,000 □ \$997,100 □ No pollution | n liability |
| Premise liability? Premise liability? | | and mooring liab | 5 | | | |
| Addendum application and photos red | quired - Coverage lin | | 0 | or commercial fi | ish | |
| | Γ | Additional usa | <u> </u> | (0.1.1 | T | |
| Captained charter Crew liability # crew | □ \$25,000 □ \$50,000 □ \$100,000 | □ \$300,000 \$500,000 □ \$1,000,000 | | t er/Guide g equipment | □ \$1,000 □ \$2,000 □ \$3,000 □ \$4,000 | □ \$5,000 □ \$7,500 □ \$10,000 |
| Fishing equipment | □ \$1,000 □ \$2,000 □ \$3,000 □ \$4,000 | □ \$5,000 □ \$7,500 □ \$10,000 | | interruption | □ \$2,500 □ Yes □ No | □ \$5,000 |
| Business interruption | □ \$2,500 | □ \$5,000 | Shoreside liabilit | ty extension | | |
| Liveaboard | □ Yes □ No | | | | □ Yes □ No | |
| Preferred charter | □ Yes □ No | | | | | |
| Shoreside liability extension | □ Yes □ No | | | | | |
| Guest passenger liquor liability | □ Yes □ No | | | | | |
| Bareboat Captained charter | □ Yes – No. of p □ No | bassengers | | | | |

For BAREBOAT CHARTER risks

By signing this application, you warrant:

- A charterer shall not be:
 - Less than 18 years of age;
 - o Permitted to use the insured vessel for any purpose other than pleasure;
 - o Permitted to race the insured vessel; or
 - o Permitted to sub-charter or assign the Charter Agreement to another party.
- 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.
- 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.
 - Prior to any bareboat charter, all operators shall be provided:
 - Instruction covering the operational characteristics of the insured vessel;
 - Appropriate personal floatation devices for each person aboard, as required by the Coast Guard or other legal entity with controlling authority; and
 - o Appropriate safety equipment, as required by the Coast Guard or other legal entity with controlling authority.

For <u>ALL</u> 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;
 - 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 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 |
| 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 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant signature:

Producer signature:

Date:

Date: