

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 Insurance. 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 date:				
Name:						
Address:						
Phone:		Contact email:				
Section 1. Business information						
Named insured (including DBA names):						
Tax ID/FEIN #:	Mooring location zi	p code:	Year business was establish	ied:		
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: Charter Guide Bareboat	□ Bed and Breakfast	□ Commercial fish □ Boa	at 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?						
Additional insured(s): <i>Please provide name, address, and relati</i>	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 □ Yes	□ No □ No			
<ol> <li>Is operation permitted from dusk to dawn?</li> </ol>		□ Yes				
Please describe any 'yes' responses for questions 2 through 3 above	:					
1. Are all units seaworthy and fit for their intended purpose?		□ Yes	□ No			
<ol> <li>Are all units seaworthy and it for their intended purpose?</li> <li>Are all units and components unmodified and stock?</li> </ol>		□ Yes				
3. If a pontoon, are all access gates attached and in good wor		□ Yes	□ No			
<ol> <li>Is seating available for all guests that is permanently affixed Please describe any 'no' responses above:</li> </ol>	I and in good condition?	□ Yes	□ No			
Do you lay up the unit seasonally? If yes, please select: Ashore	□ Afloat □ On a lift					
Please provide layup dates: From to						
Lienholder(s)/Loss payee(s):						
Please provide name, address, and relationship.						
Section ( Charten users						
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 char	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 participant (attach applicable forms).						
Section <sup>9</sup> Navigation						
Section 8. Navigation Describe the waters where the units are used.						
If coastal: □ 1 mile □ 5 miles □ 25 miles □ 50 miles □ 100 n	niles					
	11103					
Section 9. Operator information						
Complete addendum for added captains.						
Full name:	Date of birth:					
Driver's license #:	License state:	Year USCG lice	ensed:			
Does the business owner or a captain operate the vessel more than		□ Yes	□ No			
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	accurred personally or for any vessel wh	on its operator	was in			
control.	occurred personality, or for any vessel wh	ien its operator	vvd5 111			
Does the operator take any medication or substance that could impair If yes, please describe.	air physical or cognitive ability?	□ Yes	□ No			
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Please list experience for the three most recent vessels owned or operated.								
Vessel year Bu	ilder	Length	From (	mo/yr)	To (mo/yr)	C	wned	Operated
						ΠY	es 🗆 No	🗆 Yes 🗆 No
						ΠY	es 🗆 No	🗆 Yes 🗆 No
						ΠY	es 🗆 No	🗆 Yes 🗆 No
Describe training and safety cou	rses 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 operator have any known health problems? If yes, please describe.								
Does the operator have health i	nsurance?						[	⊐Yes □No
Unit schedule								
Photos of pontoons are i	equired, shov	ving the o	conditio	on of th	e unit and	that all	gates are	fully paneled.
Unit 1 Charter Guide							-	
For charter use, number of pass	engers:							
Sail: Mono hull Multi hull	Fishing: Bass Center co Sportfish Drift boat	nsole		ver: Cruiser Jet boat Housebo Trawler	at 🗆	PWC Runabou Airboat Yacht		Ski boat Pontoon (photos required) Commercial boat
Unit make:	Year:	Length:	ſ	Nodel:			Serial/Hull I	D:
Unit material: 🗆 Fiberglass 🔲 V	/ood □ Steel/me	tal 🗆 Glas	s over wo	od □0	ther		Unit market	value:
Number of engines:	Engine make:		Year:		Horsepower		Engine seria	l:
Trailer year: Trailer	make:		-	Frailer ser	ial:		Trailer mark	et value:
Is unit ever kept on a mooring ball? If <b>'yes'</b> , please explain:								
Coverage								
<b>Named windstorm deductible:</b> 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 & Charter-GuideCaptained charter, Bed & breakfast, Boat schoolBareboat charter & Commercial fish\$500\$750\$1,000								
Hull coverage								
Unit deductible	<ul> <li>□ 1%</li> <li>□ 2%</li> <li>□ 3%</li> <li>□ 4%</li> </ul>	□ 5% □ 10% □ 20% □ No hul	l coverage	e	Emergenc	y towir	ig □ \$500 □ \$750 □ \$1,0 □ \$1,5	0 □ \$5,000 00 □ No emergency
Settlement 🗆 Actual cash value (ACV) 🗆 Agreed value (AV) 🗆 Agreed value/Actual Cash Value								
Liability coverage								
Watercraft liability	□ \$25,000 □ \$50,000 □ \$100,000 □ \$300,000	□ \$500, □ \$1,00 □ No lia	0,000		Persona	al effec	ts □ \$1,0 □ \$2,5 □ \$5,0 □ \$7,5	00 □ \$15,000 00 □ \$20,000

Watersport liability (available for owner use only)	□ \$25,000       □ \$500,000         □ \$50,000       □ \$1,000,000         □ \$100,000       □ No watersport         □ \$300,000       Iiability		Uninsured boater (not available for commercial fish)	\$25,000       \$500,000         \$50,000       \$1,000,000         \$100,000       No uninsured         \$300,000       boater coverage		
Medical Payments	□ \$1,000 □ \$15,000 □ \$2,500 □ \$20,000 □ \$5,000 □ \$25,000 □ \$10,000 □ No medical payments		Pollution liability	□ \$25,000 □ \$300,000 □ \$997,100 □ No pollution liability		
<b>Premise liability?</b> □ Yes	s or Slipa	and mooring liab	oility? 🗆 Yes			
3		0	Coverage not available for commercial fis	sh		
		Additional us				
Captained charter			Charter/Guide			
Crew liability # crew	□ \$25,000 □ \$50,000 □ \$100,000	□ \$300,000 □ \$1,000,000	Fishing equipment	□ \$1,000 □ \$5,000 □ \$2,000 □ \$7,500 □ \$3,000 □ \$10,000 □ \$4,000		
Fishing equipment	□ \$1,000 □ \$5,000 □ \$2,000 □ \$7,500 □ \$3,000 □ \$10,000		Business interruption	□ \$2,500 □ \$5,000		
	□ \$4,000		Preferred charter	□ Yes □ No		
Business interruption	□ \$2,500	□ \$5,000	Shoreside liability extension	🗆 Yes 🗆 No		
Liveaboard	□ Yes □ No					
Preferred charter	□ Yes □ No					
Shoreside liability extension	□ Yes □ No					
Guest passenger liquor liability	□ Yes □ No					
Bareboat	□ Yes – No. of passengers		Boat school	□ Yes – No. of passengers		
Captained charter	□ No		Captained charter	□ No		
Bed and breakfast Liveaboard	□ Yes □ No		Owner/Operator Liveaboard	□ Yes □ No		
Business interruption	□ \$2,500 □ \$5,000		Cargo	🗆 Yes 🗆 No		
Captained charter	□ Yes – No. of p □ No	bassengers	Business interruption	□ \$2,500 □ \$5,000		
			Crew liability	□ \$25,000 □ \$50,000 □ \$100,000 □ \$300,000 □ \$500,000 □ \$1,000,000		
Notice						
For BAREBOAT CHARTER r	isks					
By signing this application, you w						
A charterer shall not be:						
o Less than 18 years of age;						
<ul> <li>Permitted to use the insured vessel for any purpose other than pleasure;</li> <li>Dermitted to receive the insured vessel, or</li> </ul>						
<ul> <li>Permitted to race the insured vessel; or</li> <li>Permitted to sub-charter or assign the Charter Agreement to another party.</li> </ul>						
<ul> <li>Appropriate measures shall be undertaken to validate that the charterer has sufficient experience to command, operate, and navigate the insured vessel</li> </ul>						
via written resume and verbal interview.						
<ul> <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:</li> <li>Instruction covering the operational characteristics of the insured vessel;</li> </ul>						
<ul> <li>Appropriate personal floatation devices for each person aboard, as required by the Coast Guard or other legal entity with controlling</li> </ul>						
authority; and	authority; and					
<ul> <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 <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
    - 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 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 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:	Date:
Producer signature:	Date: