



Markel Marine Insurance

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



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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 zip code:	Year business was established:
Location/marina 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: 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:

- Who is your current insurer:
- Has anyone involved with the business ever been convicted of a felony? Yes No
- 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is overnight usage of the units allowed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is operation permitted from dusk to dawn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please describe any 'yes' responses for questions 2 through 3 above:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are all units seaworthy and fit for their intended purpose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are all units and components unmodified and stock? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If a pontoon, are all access gates attached and in good working order? <i>Photos required.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is seating available for all guests that is permanently affixed and in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. Navigation

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 addendum for added captains.

Full name:

Date of birth:

Driver's license #:

License state:

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	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

Additional usage coverage			
Boat school Captained charter	<input type="checkbox"/> Yes, No. of passengers _____ <input type="checkbox"/> No		
Bed and breakfast Liveaboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	Owner/Operator Liveaboard	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business interruption	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Cargo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Captained charter	<input type="checkbox"/> Yes – No. of passengers _____ <input type="checkbox"/> No	Business interruption	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
		Crew liability	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$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 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant signature:	Date:
Producer signature:	Date: