

Vessel Rental Supplemental

(Attach Additional Vessel Schedule if needed)

Clear Form

APPLICANT GENERAL INFORMATION			
Applicant:			
Mailing Address:			
Operations Address:			
Website Address:			
Inspection Contact:			
Email Address:		Phone Number:	
Length of time in business:	Years	Months	Proposed effective date:
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
Description of Operations:			
If your operations are seasonal, advise period of operations:		Open Date:	Close Date:
What is the experience of the principles with this type of operation?			
Gross Receipts for this operation last year:			
Projected Gross Receipts for the next 12 months:			
Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries?			<input type="checkbox"/> No <input type="checkbox"/> Yes
In the last 5 years, have you been engaged in a similar business operation under another business name?			<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:

PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Auto-Owner's Agent #:

COVERAGE REQUESTED			
<input type="checkbox"/> General Liability	Limit:	Occ. /	Agg. <input type="checkbox"/> Hull / Vessel Physical Damage
<input type="checkbox"/> Protection and Indemnity (P&I)	Limit:		<input type="checkbox"/> Lienholder / Loss Payee
<input type="checkbox"/> Medical Payments	Limit:		
<input type="checkbox"/> Uninsured Vessel	Limit:		
<input type="checkbox"/> Additional Insured			

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|---|
| <ol style="list-style-type: none"> 1. READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS SUPPLEMENTAL IS IMPORTANT TO THE UNDERWRITING PROCESS. <u>ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED (IF COVERAGE IS BOUND) BASED ON THIS SUPPLEMENTAL.</u> 2. STATE NO OR YES WHERE APPROPRIATE. 3. PROVIDE A COMPLETE COPY OF THE MOST RECENT SURVEY, INCLUDING PHOTOS, OF EACH VESSEL.
 3A. <i>if the survey produced any recommendations or findings, provide signed written compliance, by the applicant / vessel owner, of survey recommendations and findings. Applicant / vessel owner must advise in detail of each recommendation or finding not complied with.</i> 4. IF OPERATING / NAVIGATING IN COASTAL AREAS, PROVIDE A WRITTEN WINDSTORM / HURRICANE PREPAREDNESS PLAN. 5. PROVIDE COMPLETE COPY OF THE WAIVER / RELEASE FORMS SIGNED BY ALL RENTERS AND GUESTS. 6. PROVIDE A COMPLETE COPY OF SAFETY GUIDELINES AND SAFETY PROGRAM MANUAL PROVIDED TO YOUR STAFF. |
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GENERAL INFORMATION		
1.	Is a Rental Agreement required?	<input type="checkbox"/> No <input type="checkbox"/> Yes Attach Copy
1a.	Are all renters and guests required to sign a Release of Liability prior to being able to board / use the vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b.	Do you cross-check waiver signature with identity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c.	Do you keep a formal record of renters and guest names, rental date, rental vessel and rental charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1d.	If "yes" to 1a. above, how long do you keep the formal records?	
2.	What is the minimum age required to rent a <u>motorized</u> vessel?	
2a.	What is the minimum age required to rent a <u>non-motorized</u> vessel?	
2b.	Do you require renters to show proof of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do all renters receive instruction on the proper operation of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a.	Are safety features explained to all renters and guests prior to use of rental vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b.	Are safety and operation rules clearly posted / distributed to all renters and guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c.	Describe the procedure for renters and guests who break the safety and operation rules:	
4.	Do you check weather forecast / conditions prior to the commencement of any rental to ensure customer safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a.	Describe how weather forecast / conditions are monitored (weather apps, tv, radio, etc.):	
5	Is there an emergency phone number where you can be reached by renter in the event of a loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Number of hours / days renters allowed to rent vessels at any one time: Average: Maximum:	
6a.	Are persons allowed to stay aboard the vessel overnight?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7.	Water type(s) vessels are navigated on at the Operations Address: <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Bay <input type="checkbox"/> Ocean <input type="checkbox"/> Other:	
7a.	Navigation area renters allowed to navigate:	
7b.	Do you utilize a map of the navigation area and point out unique characteristics (tidal, traffic, etc.) to the renters and guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7c.	Maximum distance from shoreline renters allowed to navigate:	
7d.	Maximum distance from the Operations Address customers allowed to navigate:	
8.	Are vessels delivered to renters at different address(s) than the Operations Address?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
8a.	Percentage of time vessels delivered to renters away from the Operations Address:	
8b.	Distance any one-way vessels will be delivered: Average: Maximum:	
8c.	Maximum distance from the delivery address renters allowed to navigate:	
8d.	Other navigation restrictions for renters that vessels were delivered to away from the Operations Address:	
9.	Are renters allowed to trailer the vessel away from the Operations Address?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9a.	Percentage of time renters allowed to trailer the vessel way from the Operations Address:	
9b.	Distance any one-way renters will trailer the vessel: Average: Maximum:	
9c.	Navigation restrictions for renters who have trailered the vessel away from the Operations Address:	

GENERAL INFORMATION <i>(continued)</i>			
10.	Is a security deposit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10a.	If "yes" for 5. above, advise the following amounts:	Average: \$	Minimum: \$ Maximum: \$
11.	Describe in detail your maintenance procedures for rental equipment:		
12.	During operational season, when closed for business, vessels are stored:	<input type="checkbox"/> in a locked building <input type="checkbox"/> ashore <input type="checkbox"/> afloat	
12a.	Describe in detail your security measures for rental equipment during the operational season when closed for business:		
13.	During closed season, vessels are stored:	<input type="checkbox"/> in a locked building <input type="checkbox"/> ashore <input type="checkbox"/> afloat	
13a.	Describe in detail your security measures for rental equipment during the closed season:		
14.	Are renters allowed to tow tubes, skiers, wake boarders or wake surf or other with the vessel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
15.	Do you broker or book rentals for other vendors?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
15a.	If "yes" for 15. above, do you have a written contract with the vendors you book for?	<input type="checkbox"/> Yes (Send Copy) <input type="checkbox"/> No	
15b.	If "yes" for 15. above, are you listed as an additional insured on the vendors insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

JET SKI / WAVERUNNER SCHEDULE <i>(*Must select coverages desired for each unit)</i>							
#	Year	Make / Model	Hull ID #	MPH	Max # Pass	Hull Value	Coverage*
1							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
2							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
3							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
4							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
5							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
6							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
7							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
8							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
9							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
10							<input type="checkbox"/> P&I <input type="checkbox"/> Hull

MOTORIZED WATERCRAFT SCHEDULE <i>(Including motorized sailboats)</i> <i>(*Must select coverages desired for each unit)</i>								
#	Year	Make / Mode	Hull ID #	Length	HP	Max # Pass	Hull Value	Coverage*
1								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
2								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
3								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
4								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
5								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
6								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
7								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
8								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
9								<input type="checkbox"/> P&I <input type="checkbox"/> Hull
10								<input type="checkbox"/> P&I <input type="checkbox"/> Hull

NON-MOTORIZED WATERCRAFT SCHEDULE							
<i>(Including non-motorized sailboats)</i>							
<i>(*Must select coverages desired for each unit)</i>							
#	Year	Make / Mode	Hull ID #	Type	Max # Pass	Hull Value	Coverage*
1							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
2							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
3							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
4							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
5							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
6							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
7							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
8							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
9							<input type="checkbox"/> P&I <input type="checkbox"/> Hull
10							<input type="checkbox"/> P&I <input type="checkbox"/> Hull

WATERCRAFT TRAILER SCHEDULE				
<i>(COMPLETE ONLY IF PHYSICAL DAMAGE COVERAGE DESIRED)</i>				
#	Year	Make / Mode	VIN	Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PRIOR COVERAGE / CLAIMS INFORMATION

<u>Name of Current & Prior Carriers</u>	<u>Expiring Premium</u>	<u>Policy Expiration Date</u>	<u>Coverage Afforded</u>
	\$		
	\$		
	\$		

Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No

Any policy of coverage declined, cancelled or non-renewed during the prior 3 years? No Yes

If "Yes", please explain: _____

Has the applicant (insured) ever declared bankruptcy? No Yes

If "Yes", please explain: _____

Any losses in the past 5 years? No Yes If "Yes", advise to the following:

	<u>Claim Details (date; cause; open or closed; etc.)</u>	<u>Amount Paid / Amount In Reserve</u>
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

_____	_____	_____	_____
Applicant's (Insured's) Signature	Printed Name	Title	Date
_____	_____	_____	_____
Agent's Signature	Printed Name	Title	Date