

## Vessel Rental Supplemental

(Attach Marine Vessel Schedule Form if Hull/VPD or P&I needed)

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			

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.

GENERAL INFORMATION			
1.	Is a Rental Agreement required?	<input type="checkbox"/> Yes (Send Copy) <input type="checkbox"/> No	
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 (continued)			
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

PRIOR COVERAGE / CLAIMS INFORMATION											
<u>Name of Current &amp; Prior Carriers</u>	<u>Expiring Premium</u>	<u>Policy Expiration Date</u>	<u>Coverage Afforded</u>								
	\$										
	\$										
	\$										
<p>Do you report ALL INCIDENTS regardless of severity to your insurance company immediately?    <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any policy of coverage declined, cancelled or non-renewed during the prior 3 years?    <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "Yes", please explain: _____</p> <p>Has the applicant (insured) ever declared bankruptcy?    <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If "Yes", please explain: _____</p> <p>Any losses in the past 5 years?    <input type="checkbox"/> No <input type="checkbox"/> Yes      If "Yes", advise to the following:</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 65%;"><u>Claim Details (date; cause; open or closed; etc.)</u></th> <th style="width: 35%;"><u>Amount Paid / Amount In Reserve</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. _____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>				<u>Claim Details (date; cause; open or closed; etc.)</u>	<u>Amount Paid / Amount In Reserve</u>	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____
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1. _____	\$ _____										
2. _____	\$ _____										
3. _____	\$ _____										

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