

Applicant's Representative _____	<input type="checkbox"/> New application
Address _____	<input type="checkbox"/> Renewal of policy number
Effective Date _____	

1) Name of applicant (List only qualified self-insureds.) _____

2) Provide description of each owned, leased or chartered watercraft

YEAR/MAKE MODEL	LENGTH	WATERCRAFT TYPE	HP	O = OWNED L = LEASED C = CHARTERED	PASSENGER CAPACITY

3) Provide the following information for each watercraft indicated above

DESCRIPTION OF GENERAL USE	AVG. EMPLOYEES PER TRIP		AVG. USAGE (DAYS PER MONTH)	DOCKING LOCATION (CITY, STATE)	NAME OF NAVIGABLE WATERS
	CREW	PASS.			

4) Is Protection and Indemnity coverage provided for all watercraft listed above? yes no If "no," explain. _____

5) Does the Protection and Indemnity policy include coverage for workers described as seamen, masters or crew members

(Jones Act)? yes no If "no," explain. _____

6) Is Longshoremen's and Harbor Workers' (USL&H) coverage included in the Protection and Indemnity policy? yes no

If "no," explain. _____

7) Comments _____

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Name of Applicant and subsidiaries _____

Applicant's Representative: _____ Signature: _____

Date: _____ Title: _____