


CHARTER LAKES COMMERCIAL MARINE INSURANCE APPLICATION

REGISTERED OWNER OR LEASEE - NAME & ADDRESS					PRODUCER  Charter Lakes MARINE INSURANCE AGENCY <i>Anchored in Service</i> 3455 East Paris SE, Grand Rapids, MI 49512 (616) 975-3500 1-800-879-2248 fax (616) 975-0670							
DOING BUSINESS AS:												
WORK PHONE		HOME PHONE		FAX NUMBER		E-MAIL ADDRESS						
DRIVERS LICENSE OF OPERATOR		BIRTHDATE OF OPERATOR		CURRENT INS. CARRIER		EXP. DATE OF CURR. POL		CURRENT PREMIUM				
HULL	NAME OF VESSEL			REG./DOC. NO.			HULL I.D. NO.					
TYPE OF VESSEL	<input type="checkbox"/> COMMERCIAL FISHING <input type="checkbox"/> LANDING CRAFT		<input type="checkbox"/> WORK BOAT <input type="checkbox"/> PONTOON		<input type="checkbox"/> BARGE <input type="checkbox"/> AIRBOAT		<input type="checkbox"/> CENTER CONSOLE <input type="checkbox"/> OPEN RUNABOUT		<input type="checkbox"/> LAFITTE SKIFF <input type="checkbox"/> UTILITY SKIFF		<input type="checkbox"/> CREWBOAT <input type="checkbox"/> TUG	
YEAR	LENGTH	MANUFACTURER		MODEL			MATERIAL	BEAM	WEIGHT			
PURCHASE DATE			PURCHASE PRICE \$		NEW REPL. COST \$		DATE OF LAST SURVEY					
MOORING LOCATION - CITY, STATE, MARINA, ZIP CODE						LAY-UP LOCATION			<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT			
WATERS NAVIGATED, DESCRIBE ALL AREAS OF NAVIGATION:								LAID -UP FROM		TO		
MACHINERY	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL		YEAR OF ENGINE		MANUFACTURER AND MODEL			NO. OF ENGINES		H.P. EACH		
SPEED	TYPE OF DRIVE <input type="checkbox"/> IB <input type="checkbox"/> IO <input type="checkbox"/> JET DRIVE <input type="checkbox"/> SURFACE DRIVE <input type="checkbox"/> OB				SERIAL NO. SERIAL NO.		ENGINE HOURS ENGINE HOURS					
EQUIPMENT	<input type="checkbox"/> GPS <input type="checkbox"/> SNIFFER <input type="checkbox"/> LIFE RAFT		<input type="checkbox"/> VHF <input type="checkbox"/> SAT-NAV <input type="checkbox"/> LP. GAS STOVE		<input type="checkbox"/> LORAN <input type="checkbox"/> GENERATOR <input type="checkbox"/> AUTO-PILOT		<input type="checkbox"/> RADAR <input type="checkbox"/> SINGLE SIDE BAND <input type="checkbox"/> BURGLAR ALARM		<input type="checkbox"/> DEPTH FINDER <input type="checkbox"/> AUTOMATIC CO2 OR HALON <input type="checkbox"/> EPIRB			
TRAILER	YEAR		MANUFACTURER			SERIAL NO.						
SECOND BOAT	YEAR		LENGTH		MANUFACTURER			VALUE \$		SERIAL NO.		
SECOND BOAT MOTOR	YEAR		MANUFACTURER			VALUE \$		H.P.		SERIAL NO.		
SECOND BOAT TRAILER	YEAR		MANUFACTURER			VALUE \$		SERIAL NO.				
GENERAL	TYPE OF BUSINESS		# YEARS IN THIS BUSINESS		IS VESSEL OWNER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, PLEASE PROVIDE OPERATOR INFO ON PAGE 2)			ARE YOU A LICENSED CAPTAIN <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIBE ALL COMMERCIAL ACTIVITIES THIS VESSEL IS USED FOR, TO INCLUDE INDUSTRY INVOLVED IN, TYPE OF CARGO OR GOODS TRANSPORTED, DISTANCE OF TYPICAL TRIP AND/OR IF PASSENGERS ARE CARRIED.												
DO YOU PERFORM ANY SALVAGE WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU COMMERCIALY TOW OTHER VESSELS <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU TRANSPORT FUEL OR POLLUTANTS <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU TRANSPORT EMPLOYEES OF OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU TRANSPORT CARGO OF OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MAXIMUM VALUE OF CARGO TRANSPORTED \$		DO YOU WANT CARGO COVERAGE QUOTED <input type="checkbox"/> YES <input type="checkbox"/> NO		IS VESSEL CHARTERED <input type="checkbox"/> YES <input type="checkbox"/> NO		IIS VESSEL CHARTERD UNDER CONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPY OF CONTRACT		DO YOU CARRY PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO		# OF PASSENGERS		
COVERAGE	EFFECTIVE DATE		HULL, MACHINERY and EQUIPMENT VALUE (CURRENT MARKET VALUE) \$					DEDUCTIBLE \$		TRAILER VALUE \$		
LIABILIT LIMIT REQUESTED <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000			DO YOU EMPLOY CREW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS THE MAXIMUM # EMPLOYED ABOARD VESSEL			CAPTAIN/CREW COVERAGE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO				
# OF DAYS PER YEAR VESSEL IS USED COMMERCIALY			HAS INSURANCE BEEN CANCELLED OR REFUSED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, PLEASE EXPLAIN							
LOSS INFORMATION	LIST ALL MARINE INSURANCE CLAIMS YOU HAVE FILED IN THE LAST FIVE YEARS - LIST DATE OF LOSS AND AMOUNT PAID (including crew type losses)											

OPERATOR INFORMATION (REQUIRED IF VESSEL IS OPERATED BY ANYONE OTHER THAN OWNER LISTED ON FIRST PAGE)

#	NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER & STATE	POSITION	USCG LICENSED
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO

HAS ANY OPERATOR OF THIS VESSEL(S) BEEN INVOLVED IN A MARINE RELATED ACCIDENT IN THE PAST (3) YEARS NO YES (EXPLAIN)

ARE MAINTENANCE AND OPERATION LOGS KEPT FOR THIS VESSEL NO YES (EXPLAIN)

DATE OF LAST HAUL OUT AND WORK COMPLETED

IS THERE ANY PRE-EXISTING DAMAGE TO THIS VESSEL NO YES (EXPLAIN)

GROSS ANNUAL RECEIPTS \$

DO YOU OWN OR LEASE A DOCK
 OWN LEASE

DO YOU OWN OR LEASE BUILDING OR PREMISIS
 NO YES (EXPLAIN):

CORPORATE OWNERSHIP AND CORPORATE OFFICERS

NAME	PERCENTAGE OWNERSHIP	TITLE	DO YOU OPERATE VESSEL	USCG LICENSED
			<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
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INTERESTS (PLEASE LIST NAME, ADDRESS AND INTEREST OF ALL ADDITIONAL INSURED, CERTIFICATE HOLDERS AND LOSS PAYEES)

NAME	ADDRESS: STREET, CITY, ZIP	INTEREST
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE

COMMENTS (PLEASE USE TO EXPLAIN ANY "YES" RESPONSES WHERE AN EXPLANATION IS REQUESTED)

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. I UNDERSTAND THAT THIS APPLICATION BECOMES A PART OF THE INSURANCE POLICY.

- I agree that the Company may investigate and secure motor vehicle records for persons listed in this application.
- I declare that the statements contained herein and in the attached Watercraft Application are true to the best of my knowledge and belief. The selections indicated herein and in the attached Watercraft Application accurately reflect the limits, Coverages and deductibles I desire.
- In connection with this application for insurance, we may review your credit report, obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

EFFECTIVE DATE OF COVERAGE	DATED	APPLICANT SIGNATURE
	DATED	PRODUCER SIGNATURE

My (the producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason or basis to believe that the information is anything but truthful.