

ENTERPRISE INSURANCE SERVICES

P.O. Box 3116, Idaho Falls, ID 83403-3116 : Ph. (208)552-0999 Fax (208)535-2272

Dear Sir or Madam,

Thank you for considering Enterprise Insurance Services as a market for your business insurance. I have enclosed the appropriate application(s) for your operations. Please complete and send back to me with required attachments as outlined in the application(s). Be certain to complete the entire application, marking N/A for sections that are not applicable to the risk. Complete and detailed applications will result in the best possible pricing

If you should have any questions, please do not hesitate to give me a call.

Sincerely,

George & Tina VanderMeer
george@enterpriseins.com
tina@enterpriseins.com
www.enterpriseins.com
Toll free: 866-552-0999

Charter Lakes

MARINE INSURANCE

3455 East Paris SE, Grand Rapids, MI 49512 (616) 975.3500 (800) 879.2248 FAX (616) 975.0670

Website: www.charterlakes.com E-mail Address: clakes@charterlakes.com

WATERCRAFT INSURANCE APPLICATION

PERSONAL INFORMATION											
REGISTERED OWNER OR LEASEE - NAME(S)				DOING BUSINESS AS			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		RESIDENCE <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
PHYSICAL ADDRESS					CITY			STATE	ZIP		
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)					CITY			STATE	ZIP		
HOME PHONE		WORK PHONE		FAX NUMBER		EMAIL ADDRESS					
DRIVERS LIC. NO.			DATE OF BIRTH		OCCUPATION			S.S. #			
WATERCRAFT & TRAILER INFORMATION											
TYPE OF VESSEL		<input type="checkbox"/> CRUISER / MOTOR YACHT		<input type="checkbox"/> SAILBOAT		<input type="checkbox"/> FLATS SKIFF		<input type="checkbox"/> BASS BOAT		<input type="checkbox"/> DRIFT BOAT	<input type="checkbox"/> CENTER CONSOLE
		<input type="checkbox"/> SPORTFISH		<input type="checkbox"/> PONTOON		<input type="checkbox"/> AIRBOAT		<input type="checkbox"/> OPEN FISHING		<input type="checkbox"/> TRAWLER	<input type="checkbox"/> RUNABOUT
YEAR	LENGTH	MANUFACTURER			MODEL			HULL MATERIAL	BEAM	WEIGHT	
NAME OF YACHT				REG./DOC. NO.			HULL I.D. NO.				
PURCHASE DATE			PURCHASE PRICE \$		NEW REPLACEMENT COST \$		DATE OF LAST SURVEY				
MACHINERY		<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	YEAR OF ENGINE	MFG AND MODEL			NO. OF ENGINES		H.P. EACH		
MAX SPEED	TYPE OF DRIVE <input type="checkbox"/> OB <input type="checkbox"/> IB <input type="checkbox"/> IO <input type="checkbox"/> JET DRIVE <input type="checkbox"/> SURFACE DRIVE				SERIAL NO.		OB VALUE \$				
					SERIAL NO.		OB VALUE \$				
					SERIAL NO.		OB VALUE \$				
TRAILER	YEAR	MANUFACTURER			SERIAL NO.						
WATERCRAFT EQUIPMENT											
<input type="checkbox"/> GPS / SAT NAV / LORAN		<input type="checkbox"/> RADAR		<input type="checkbox"/> LIFE RAFT		<input type="checkbox"/> HIGH WATER ALARM		<input type="checkbox"/> TRAILER BALL OR AXLE LOCKS			
<input type="checkbox"/> VHF / SHIP TO SHORE		<input type="checkbox"/> CHART PLOTTER		<input type="checkbox"/> AUTO CO2 OR HALON		<input type="checkbox"/> CO DETECTOR		<input type="checkbox"/> ANTI THEFT DEVICE			
<input type="checkbox"/> DEPTH FINDER		<input type="checkbox"/> AUXILIARY GENERATOR		<input type="checkbox"/> FUME DETECTOR		<input type="checkbox"/> OB / OUTDRIVE LOCKS		<input type="checkbox"/> EPIRB			
TENDER / DINGHY INFORMATION											
YEAR	LENGTH	MANUFACTURER			SERIAL NO.						
YEAR OF ENGINE	H.P.	MANUFACTURER			SERIAL NO.						
NAVIGATION AND STORAGE INFORMATION											
DESCRIBE ALL WATERS NAVIGATED								COUNTY OF MOORING LOCATION			
MOORING LOCATION OF VESSEL			ADDRESS			CITY		STATE	ZIP		
LAY-UP LOCATION WHEN NOT IN USE (IF DIFFERENT)			ADDRESS			CITY		STATE	ZIP		
OPERATING PERIOD (ALL USES OF VESSEL) <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL				WARRANTED LAY-UP PERIOD (MM/DD) FROM TO			VESSEL IS STORED (DURING LAY-UP) <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT				
PRIOR CLAIM INFORMATION											
LIST ALL MARINE INSURANCE CLAIMS YOU OR YOUR OPERATOR HAVE FILED IN THE LAST FIVE YEARS REGARDLESS OF VESSEL INVOLVED (INCLUDING BODILY INJURY TO PASSENGERS OR CREW) IF NO LOSSES INDICATE "NONE"											
DATE	DETAILS OF CLAIM						AMOUNT PAID		STATUS		
							\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		
							\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		
							\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED		
IS VESSEL CHARTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		COVERAGE INFORMATION (Client must complete)									
HULL VALUE REQUESTED (inc. engine(s) & electronics)			\$			MEDICAL PAYMENTS		<input type="checkbox"/> YES <input type="checkbox"/> NO			
HULL DEDUCTIBLE REQUESTED (2% min. for charter)			<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5%			UNINSURED BOATERS		<input type="checkbox"/> YES <input type="checkbox"/> NO			
LIABILITY LIMIT REQUESTED			<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000			TOWING		<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> OTHER \$			TENDER VALUE (inc. engine)		\$			
PERSONAL EFFECTS & FISHING EQUIP.			\$			TRAILER VALUE		\$			

CONTINUED ON SECOND PAGE

CLAKES APPLICATION.doc REV. 05/06



OPERATOR / CREW INFORMATION						
# YEARS BOATING EXPERIENCE	ARE YOU A LICENSED CAPTAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	# YRS LICENSED	HAVE YOU COMPLETED A BOATING SAFETY COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATE: <input type="checkbox"/> USCG <input type="checkbox"/> USPS <input type="checkbox"/> OTHER (EXPLAIN)			
IS VESSEL OWNER OPERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU EMPLOY A CAPTAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU EMPLOY CREW? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?	CAPTAIN & CREW COVERAGE REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(BELOW INFORMATION IS REQUIRED IF VESSEL IS OPERATED BY ANYONE OTHER THAN OWNER)						
#	NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER & STATE	YRS. OPERATING EXPERIENCE	USCG LICENSE	BOATING CLAIMS
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
GENERAL INFORMATION						
IF VESSEL IS CHARTERED, ALSO COMPLETE CHARTER USE SECTION BELOW		DO YOU TOW SKIERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS VESSEL USED FOR RACING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS VESSEL USED AS A LIVEABOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> SECONDARY RESIDENCE	
HAS ANY NAMED INSURED EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		ANY DRIVING VIOLATIONS IN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER BEEN REFUSED INSURANCE OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ANY EXISTING OR PRIOR DAMAGE TO THE YACHT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON FIRST PAGE UNDER CLAIM INFORMATION		CURRENT INSURANCE CARRIER		EXPIRATION DATE	CURRENT PREMIUM \$	
LIST PREVIOUS VESSELS OWNED OR OPERATED:						
#		YEAR	LENGTH	MANUFACTURER		# YEARS OWNED
1.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED					
2.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED					
3.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED					
CHARTER USE SECTION						
DESCRIBE TYPICAL CHARTER IN DETAIL – DESCRIBE HOW VESSEL IS USED – BE SPECIFIC ON TYPE OF CHARTER AND AVERAGE LENGTH OF TRIP						
# YRS IN CHARTER BUSINESS	MAX # PASSENGERS LICENSED FOR	AVG. NO. PASS. CARRIED PER CHARTER		SIX PACK <input type="checkbox"/> YES <input type="checkbox"/> NO	COAST GUARD INSPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
# CHARTER DAYS PER YEAR	DO YOU CHARTER OVERNIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SELL OR SERVE FOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SELL OR SERVE ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO PASSENGERS SWIM, SNORKEL OR SCUBA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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		
LIEN HOLDER / ADDITIONAL INSURED / ADDITIONAL INTEREST INFORMATION						
(PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)						
NAME	ADDRESS: STREET, CITY, STATE, 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
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	APPLICANT SIGNATURE	DATED
	PRODUCER SIGNATURE	DATED

My (the producer) signature verifies that all of the information on the 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.