



WATERSPORTS INSURANCE

APPLICANT INFORMATION	PRODUCER INFORMATION
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Business Name: _____ Contact Person: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Website: _____ Email: _____ Desired Effective Date: From _____ to _____ Quote Needed by: _____ Tax ID/SSN: _____ Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe): _____ Watersports Organization Affiliation (INT / USAW / WWA): _____ Number of Years as Member: _____	Business Name: <u>American Marine Insurance</u> Contact Person: <u>Patrick Fleming</u> Address: <u>2700 Newport Blvd. Ste 190</u> <u>Newport Beach, CA 92663</u> Phone #: <u>(805) 667-8516</u> Fax #: _____ Producer: _____ Estimated Target Premium: _____
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GENERAL INFORMATION

1. Type of Business of applicant: _____ Number of years in business: _____
2. Prior Insurance Yes No Name of Prior Insurance Company: _____
3. Any insurance policy declined, cancelled, or non-renewed during the prior 3 years? Yes No
If yes, give details: _____
4. Including Present or Past Operations, any Insurance Claims / Losses within the past 5 years? Yes No
If yes, give details: _____

PLEASE ATTACH

- FIRST AID AND CPR CERTIFICATES OF ALL KEY EMPLOYEES
- BOATING SAFETY CERTIFICATE AND/OR CAPTAINS LICENSE OF ALL BOAT OPERATORS. (www.boatsafe.com)
- REVIEWED / SIGNED OPERATIONS WARRANTY (see page 4)
- REVIEWED / SIGNED COMPLIANCE OF TERMS WARRANTY (see page 5)

WATERSPORTS / RECREATIONAL CHARTER COVERAGE

PLEASE CHECK ALL OPERATIONS THAT APPLY:

<input type="checkbox"/>	Watersports Instruction	<input type="checkbox"/>	Outfitters / Guides Service
<input type="checkbox"/>	Recreational Watersports Charters	<input type="checkbox"/>	Wake Surfing Behind Boat

LOCATION(S) OF OPERATION: (Street, City, State & Zip Code)

1.	
2.	
3.	

ARE OPERATIONS ON PUBLIC OR PRIVATE WATERWAYS ? _____ WATERWAY TYPE: LAKE RIVER CANAL OCEAN

DO YOU PROVIDE "OFF-SITE" INSTRUCTION OR A "TRAVELING CLINIC"? Yes No
 IF YES, PLEASE PROVIDE DETAILS:

PLEASE CHECK ALL THE ITEMS THAT APPLY TO YOUR OPERATIONS:

SLALOM COURSE: SKI JUMP: KICKERS/SLIDERS: OTHER: _____

NUMBER OF MONTHS OF OPERATIONS PER YEAR:

1-3 MONTHS 1-6 MONTHS 1-9 MONTHS YEAR ROUND

WARRANTED ON-SHORE LAY UP PERIOD: FROM: _____ TO: _____ (MM/DD)

Commercial General Liability Limit Requested: (Premises & Operations includes coverage for the Participant)

\$300,000 \$500,000 \$1,000,000 (Higher limits may be available through a Bumbershoot policy)

ESTIMATED GROSS RECEIPTS:

TOTAL RECEIPTS FOR THE LAST 12 MONTHS:				
	Watersports Instruction	\$	Recreational Charter	\$
	Watercraft Rentals	\$	Outfitters / Guide Service	\$
TOTAL RECEIPTS FOR THE NEXT 12 MONTHS:				
	Watersports Instruction	\$	Recreational Charter	\$
	Watercraft Rentals	\$	Outfitters / Guide Service	\$

PERSONNEL List all personnel, including the Owner, Instructors & Key Employees:

HAVE YOU OR ANY OPERATORS HAD THEIR DRIVER'S LICENSE EITHER REVOKED OR SUSPENDED IN THE PAST 3 YRS? Yes No

	NAME	POSITION	DATE OF BIRTH	YRS OF EXPERIENCE
1.				
2.				
3.				
4.				

*** COPY OF FIRST AID / CPR CERTIFICATES AND BOATING RESUMES ARE REQUIRED FOR ALL EMPLOYEES / DRIVERS ***

WATERSPORTS / RECREATIONAL CHARTER COVERAGE (continued)

WATERCRAFT SCHEDULE

#	YEAR	MAKE	SERIAL NUMBER	HULL VALUE
1.				
2.				
3.				
4.				

LOSS PAYEE / LIENHOLDERS

BOAT #	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

ADDITIONAL INSUREDS

ENTITY NAME:		ADDRESS:	
RELATIONSHIP TO APPLICANT:			
ENTITY NAME:		ADDRESS:	
RELATIONSHIP TO APPLICANT:			
ENTITY NAME:		ADDRESS:	
RELATIONSHIP TO APPLICANT:			

OTHER COVERAGES AVAILABLE:

Buildings ~ Business Personal Property ~ Commercial Automobile ~ Umbrella

PLEASE CONTACT OUR OFFICE TO COMPLETE THE APPROPRIATE APPLICATIONS FOR DESIRED COVERAGE

**WATERSPORTS
OPERATIONS WARRANTY**

The words "you" and "your" refer to the Named Insured shown in the Declaration. The words "we," "us" and "our" refer to the Company providing this insurance.

It is warranted by you that at any time WATERSPORTS activities are being conducted, you will comply with the following operational guidelines:

1. For navigation on coastal waters and inland waters, there shall be a Driver with a minimum of ninety (90) days experience which includes thirty (30) days behind the helm. "Day", as defined by USCG Standards, is a minimum of four (4) Hours and possess a USCG Captains License *OR* Boating Safety Certificate.
2. Driver AND Crew must be current in CPR and First Aid, possess all relevant skills and knowledge of WATERSPORTS operations, including but not limited to following established guidelines and safe operating procedures, proficient in emergency techniques, capable of following instructions for proper use of safety equipment and able to notify medical personnel.
3. It will be the Driver's responsibility to evaluate and determine if weather conditions are favorable for WATERSPORTS. No operator shall knowingly WATERSPORTS in rain, fog or during a known lightning storm within 5 miles from the WATERSPORTS area. No operator shall knowingly conduct WATERSPORTS activities during a small craft warning alert and/or storm frontal systems approaching within 7 miles from the WATERSPORTS area.
4. All operators are required to abide by all local, state, and federal laws.
5. All WATERSPORTS participants will wear PFD's (personal flotation devises) & safety equipment at all times, whether required by the State or local law or not.

It is hereby understood and agreed that if any activity takes place, without full compliance by you and/or your employees or contractors with all Warranties set forth above, the insurance coverage provided by the Policy shall be null and void. All other terms, conditions, limitations and exclusions remain unchanged.

AUTHORIZED SIGNATURE OF INSURED: _____ DATE: _____

PRINTED NAME OF INSURED: _____

**WATERSPORTS
WARRANTY OF COMPLIANCE OF TERMS**

The words "you" and "your" refer to the Named Insured shown in the Declaration. The words "we," "us" and "our" refer to the Company providing this insurance.

In consideration of the coverage provided under Form MYD00002 0917 Marine Package Policy for Recreational Marine Facilities, you make the following Warranties, which shall be a basis of the insurance. You agree that each Warranty is material to our decision to insure you and that, but for these Warranties, no policy would be issued.

Failure to comply with any one of these Warranties WILL render coverage under this policy null and void in the event of a claim.

Any warranties, conditions, recommendations, or requirements set forth in your policy, its related documents and within this form, are to be utilized for underwriting and coverage purposes only and not to be construed as the applicable 'Standards' in the industry or as 'Safety Standards' in any litigation which may arise against the insured.

YOU WARRANT FOR ALL WATERSPORTS ACTIVITIES THAT:

- A. Each participant will wear safety equipment (i.e. Personal Flotation Devices (PFD's), etc.), whether required by the state or local law or not.
- B. All equipment will be inspected daily, prior to the commencement of activities. Equipment, which a reasonable and prudent person would consider damaged and worn, so as to create a potential hazard to life or health, will never be used in any Watersports activity.
- C. Prior to embarkation, allowing a participant to go aboard the watercraft(s) or to participate in an activity, each participant and / or passenger will be required to sign the appropriate WATERSPORTS RELEASE (hereinafter "Release") form provided and approved by us. In the event a participant or passenger is less than 18 years of age, his or her parent or (adult) legal guardian must sign the appropriate Release.
- D. You will ensure that both the Release form, provided and approved by us, are fully and accurately completed. It is a requisite for coverage hereunder that you will retain these forms for a minimum of 7 years and be able to produce these documents upon request by us.
- E. You will not allow any passenger(s) or Watersports participant(s) to (a) board the watercraft(s) when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs on board the watercraft at any time.
- F. All Sections detailed in the 'Watersports Operations Warranty' will be strictly adhered to at all times during the course of Watersports operations and activities conducted by you.
- G. You will maintain a current certificate of insurance with a minimum limit of \$1,000,000, with your business named as "Additional Insured", for each vendor or subcontractor for which you book trips or act as a broker for other activities.

It is hereby understood and agreed that if any activity takes place, without full compliance by you, your employees and/or contractors with all Warranties set forth above, the insurance coverage provided by the Policy shall be null and void. All other terms, conditions, limitations and exclusions remain unchanged.

I am either the owner of the business, or am authorized to sign on behalf of the designated insured, whether a partnership, corporation, or other form of organization, which has applied for Protection and Indemnity Coverage. By my signature below, I attest to the fact that I have read, understood, and agree to the stated terms, conditions and Warranties that are part of this endorsement. If insurance is offered to us this signed agreement will form a part of the policy.

Submission to the insurer of this form or other information does not obligate the insurer to provide all, or any of, the insurance requested not obligate us to purchase the insurance offered. However, if insurance is placed, we acknowledge that failure to abide by the terms of this agreement may lead to suspension of coverage, denial of coverage, and defense under this policy.

AUTHORIZED SIGNATURE OF INSURED: _____ **DATE:** _____

PRINTED NAME OF INSURED: _____

**Coverage may also be available for Buildings, Business Contents, Business Automobile,
Commercial General Liability, Inland Marine, Boiler & Machinery, Crime,
Business Interruption and Umbrella.**

**PLEASE CONTACT OUR AGENCY FOR FURTHER DETAILS OR
ATTACH APPROPRIATE ACORD APPLICATIONS FOR DESIRED COVERAGE**

LOSS HISTORY

Please attach a loss history for the last five (5) years ***If NONE, please indicate "NONE"***

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____	Date: _____
Print Name: _____	Title: _____
Producer's Signature: _____	Date: _____
Agency Name: _____	