



Global Insurance Specialists, LLC
dba GIS Insurance Services In California

PASSENGER VESSEL APPLICATION

1. NAMED ASSURED _____

2. BENEFICIAL OWNER _____
(occupation) _____

3. ADDITIONAL ASSURED(S) _____

4. MORTGAGEE / LOSS PAYEE _____

5. INSURANCE TO ATTACH FROM _____ TO _____

6. VESSEL NAME _____
BUILDER / MODEL _____
YEAR BUILT _____ LENGTH _____ CLASSED _____
HULL ID # _____ COUNTRY OF REGISTRATION/FLAG _____
CONSTRUCTION MATERIAL _____ GRT _____
PURCHASE DATE / PRICE _____

7. ENGINE(S) - MANUFACTURER / MODEL _____
YEAR BUILT _____ HORSEPOWER _____
GASOLINE _____ DIESEL _____ SPEED KNOTS _____

8. DATE OF MOST RECENT SURVEY _____
(Please provide copy)

| 9. INSURED VALUES: | <u>VALUE / LIMIT</u> | <u>DEDUCTIBLE</u> |
|------------------------|----------------------|-------------------|
| HULL & MACHINERY | _____ | _____ |
| INCREASED VALUE | _____ | _____ |
| TENDERS (list below) | _____ | _____ |
| PERSONAL EFFECTS | _____ | _____ |
| PROTECTION & INDEMNITY | _____ | _____ |
| MEDICAL PAYMENTS | _____ | _____ |
| Any one Person | _____ | _____ |
| Any one Accident | _____ | _____ |
| UNINSURED BOATER | _____ | _____ |

10. MOORAGE LOCATION? _____

11. LAY UP DATES _____ TO _____

12. WATERS TO BE NAVIGATED: _____

13. WHAT TYPES OF CRUISES DO YOU OFFER? (Lunch/Dinner/Sightseeing, etc.) _____

14. DO YOU SELL ALCOHOL? IF SO, WHAT IS THE % OF TOTAL REVENUE?

15. DO YOU OFFER "IN WATER" ACTIVITIES? IF SO, PLEASE DESCRIBE

16. PASSENGER INFORMATION:
 a. HOW MANY PASSENGERS ONBOARD AT ANYONE TIME? _____
 b. HOW MANY PASSENGERS PER YEAR? _____

17. PLEASE PROVIDE COPY OF: *COAST GUARD CERTIFICATE OF INSPECTIN*
18. NUMBER OF PERMANENT *FULL TIME PAID CREW* _____
 NUMBER OF *PART TIME PAID CREW* _____
 PLEASE PROVIDE RESUMES FOR : *SKIPPER* *FIRST MATE* *CHIEF ENGINEER*
19. OWNERS / MANAGERS EXPERIENCE IN YRS _____
 PREVIOUS VESSELS OWNED, OPERATED, OR MANAGED _____

20. LOSSES SUSTAINED DURING PAST FIVE YEARS: (*Please provide Date, Description, Amount Paid, Open/Closed*)
 DESCRIBE _____

21. VESSEL MAINTENANCE (Describe annual maintenance that is done on the vessel(s)): _____

22. HAS ANY INSURER EVER CANCELLED OR REFUSED INSURANCE FOR APPLICANT? _____
 IF SO, WHY? _____
 NAME OF PRESENT OR PREVIOUS INSURER _____
23. ADDITIONAL REMARKS _____

SIGNATURE OF OWNER _____

DATE _____

Please contact Damon Nasman dlnasman@gisllc.net or Lee Ann Thompson (lathompson@gisllc.net) if you have any questions.