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CHARTER VESSEL PROGRAM APPLICATION for SIX PASSENGER CHARTER VESSELS

INSURED INFORMATION

Name of Insured (as will read on the policy): _____

Owner's Name: _____ Effective Date: _____

Corporate Name (if any): _____

Is Corporation for sole purpose of ownership of vessel? Yes No If no, explain: _____

Address, City, State: _____

Phone: Home: _____ Bus: _____

Email/Website: _____

Present Insurer: _____ Expiration Date: _____

Prior Vessels Owned or Operated:	YEAR	TYPE	LENGTH	HOW LONG OWNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Losses in past 5 years? (on any vessel): Yes No

If yes, please list date, type, amount and status.

Hull Claims: _____

P&I Claims: _____

VESSEL INFORMATION

Vessel Name: _____

Year: _____ Make: _____ Model: _____

Length: _____ Construction: Steel Fiberglass Wood Aluminum Other: _____

Hull ID/Serial #: _____ Replacement Cost: _____

Has vessel been Coast Guard Inspected: Yes No If yes, how many passengers is it certified for: _____

Doc. #: _____ Is vessel more than 6 passenger: Yes No

Date of Vessel's Last Survey: _____ Surveyed by whom: _____

Purchase Date: (MM/DD/YYYY) _____ Purchase Price: _____ Amount Financed: _____

Loss Payee: _____

Address: _____

ENGINE INFORMATION

Year: _____ H.P Per Engine: _____ Max Speed: _____

NUMBER: Single Twin TYPE: Gas Diesel

Manufacturer: _____ Serial Numbers: P _____ S _____

Is vessel equipped with the following:

- Yes No High Water Level Alarm (Outboard only)
- Yes No Fume Detectors
- Yes No Automatic Fire Extinguishing System with Manual Override

NAVIGATION DETAILS

Maximum # passengers any one trip: _____

Home Port: _____ Marina Private Residence Other _____

Waters Navigated: _____

Type of Charters: _____ Any overnight charters? Yes No

Do passengers swim, snorkel, scuba dive or water ski for the insured vessel: Yes No

If yes, explain: _____

Average Number of Charters per Year: _____

Lay up period (if any): From: _____ To: _____ On Land In Water

If lay up period, give location: _____

Is this vessel being held for sale? Yes No

CAPTAIN INFORMATION

Is vessel Captain owned? Yes No Total Number of Crew: _____

Captain Name: _____ D.O.B: _____ Years with Insured: _____

Prior Experience: _____

Does Captain have a current USCG "Operator of Uninspected Passenger Vessel License"? Yes No

Other Licenses and Certifications: _____

Name of each crew member, job each performs and years with Insured:

NAME	JOB DESCRIPTION	YEARS WITH INSURED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COVERAGES

	LIMIT	DEDUCTIBLE	PREMIUM
Hull	\$ _____	\$ _____	\$ _____
Trailers	\$ _____	\$ _____	\$ _____
Personal Effects	\$ _____	\$ _____	\$ _____
P&I	\$ _____	\$ _____	\$ _____
Towing	\$ _____	\$ _____	\$ _____
Uninsured Boaters	\$ _____	\$ _____	\$ _____
Fuel Spill Liability	\$ _____	\$ _____	\$ _____
Med Pay	\$ _____	\$ _____	\$ _____

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: _____