



(970) 407-9800 • (800) 467-7282 • Fax (970) 472-0904

P.O. Box 455 Fort Collins, CO 80522

CHARTER BOAT HULL & P&I INSURANCE PROGRAM APPLICATION

APPLICANT NAME _____ Date _____
(Include subsidiaries and any "dba" to which this insurance applies)

OWNER (if different from above): _____

PHONE #: _____ FAX #: _____ EMAIL: _____

INSURED MAILING ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

LOCATION(S)(Complete Addresses please): Street, city, state, zip, country

1. _____

2. _____

If additional locations, please attach a separate page.

VESSEL DESCRIPTION

Attach copy of Vessel Registration

VESSEL NAME: _____ MFG: _____ MODEL: _____

YR BLT: _____ LENGTH: _____ HULL MATERIAL: _____

HIN: _____ OFFICIAL NUMBER: _____ GROSS WT: _____

OF ENGINES: _____ MFG/MODEL: _____ YR MFG: _____

HP EACH: _____ TYPE (INBOARD, I/O, OB): _____ FUEL (Gas or Diesel): _____

TRAILER (COMPLETE IF COVERAGE DESIRED)

YR: _____ MFG/MODEL: _____ VIN: _____

CURRENT MARKET VALUE \$ _____

LOSS HISTORY

DATE OF LOSS	NATURE OF CLAIM	AMT PD	OPEN/CLOSED

CURRENT INSURANCE COMPANY _____

GENERAL INFORMATION

DATE VESSEL WAS PURCHASED _____

AGREED VALUE \$ _____ REPLACEMENT VALUE \$ _____

Attach a completed survey done within last 2 years by NAMS or SAMS certified surveyor.

LAY UP PERIOD: FROM: _____ TO: _____ WHERE: _____

What are your procedures for securing vessel in case of hurricane? _____

CAPTAIN/CREW INFORMATION

*(Copy of Captain licenses FRONT AND BACK required)
(Attach Coast Guard licenses for ALL OPERATORS)*

Number of crew including captain _____ (ATTACH ADDITIONAL SHEETS AS NECESSARY)

NAME _____ POSTION (capt/mate) _____

AGE _____ TOTAL YRS BOATING EXP _____ YRS LICENSED CAPT _____

OTHER EXP OR QUALIFICATIONS _____

NAME _____ POSTION (capt/mate) _____

AGE _____ TOTAL YRS BOATING EXP _____ YRS LICENSED CAPT _____

OTHER EXP OR QUALIFICATIONS _____

NAME _____ POSTION (capt/mate) _____

AGE _____ TOTAL YRS BOATING EXP _____ YRS LICENSED CAPT _____

OTHER EXP OR QUALIFICATIONS _____

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OTHER EXP OR QUALIFICATIONS _____

NAME _____ POSTION (capt/mate) _____

AGE _____ TOTAL YRS BOATING EXP _____ YRS LICENSED CAPT _____

OTHER EXP OR QUALIFICATIONS _____

PASSENGERS

IS VESSEL LICENSED TO CARRY PASSENGERS? YES NO

(IF YES, ATTACH COAST GUARD CERTIFICATE OF INSPECTION)

MAX # OF PASSENGERS PERMITTED BY LICENSE: _____ AVG # CARRIED: _____

DATE OF LICENSE: _____ DATE OF LAST COAST GUARD INSPECTION: _____

NAVIGATIONAL LIMITS ALLOWED BY LICENSE: _____

DURATION OF TRIPS: _____ ANY OVERNIGHT TRIPS? YES NO

IF YES, HOW OFTEN? _____ FOOD PREPARED ON BOARD? YES NO

ADDITIONAL INSUREDS

PROVIDE COMPLETE NAMES AND ADDRESSES OF ALL PARTIES TO BE LISTED AS ADDITIONAL INSUREDS UNDER YOUR POLICY **FEE CHARGED**

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COVERAGES REQUESTED

HULL COVERAGE DESIRED YES NO

P & I COVERAGE: \$1,000,000 \$500,000

NO. PASSAGERS: _____ NO. OF CREW COVERED: _____ (\$300,000 OCC/AGG)

NO. OF ADDITIONAL INSUREDS: _____ NO. OF DIVING CREW: _____
(WHEN IN WATER COVERAGE IS DESIRED)

WATERCRAFT SCHEDULE

(Please note if physical damage requested)

#	YEAR	MAKE	MODEL	SERIAL	VALUE HULL & ENGINE	PHYSICAL DAMAGE (PLEASE ✓ IF REQUESTING)

If more watercraft needs to be listed, please attach additional sheet

*** THE PHYSICAL DAMAGE COVERAGE OPTION IS FOR SCHEDULED WATERCRAFT ONLY AND IS SUBJECT TO A PER OCCURRENCE DEDUCTIBLE OF \$1,000 OR A DEDUCTIBLE IN THE AMOUNT OF 2% OF THE SCHEDULED VALUE OF THE SCHEDULED WATERCRAFT, WHICHEVER IS GREATER.**

LOSS PAYEES

NAME	STREET ADDRESS	CITY	STATE	ZIP	BOAT #

Attaching to and forming part of Policy No.: _____

Policy Period: _____

**POLICY HOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

**WE ARE REQUIRED TO SEND YOU THIS NOTICE PURSUANT TO FEDERAL LEGISLATION
CONCERNING TERRORISM INSURANCE.**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 ("TRIA") as amended, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2007, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% (85% IN RESPECT OF LOSSES OCCURRING AFTER DECEMBER 31 2006) OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

**PLEASE "X" YOUR SELECTION BELOW AND RETURN FORM TO
FIRST FLIGHT INSURANCE GROUP, INC.**

_____ I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ _____

_____ I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINTED NAME

Company Title
Signatory should be a senior officer.

Date