

DOUGLAS

LAMBERT INSURANCE SERVICES

1825 State St., 3rd Floor, Santa Barbara, CA 93101 * 805-563-6388 * Fax 805-569-3051

PASSENGER VESSEL APPLICATION

Owner's Name: _____

Address: _____

Vessel Name: _____ **Manufacture:** _____ **Year**
Built: _____

Length: _____ **Beam:** _____ **Draft:** _____ **GRT:** _____ **Hull**

Construction: _____

Engines: **No. of:** _____ **Year:** _____ **Mfgr.:** _____ **HP:** _____ Gas Diesel

Navigational Equipment:

Ship to Shore Radar Auto Pilot Compass
 VHF Loran Watch Alarm _____
 GPS Depth Sounder EPIRB _____

Vessel to be used for: (check all that apply)

Sportfishing Excursion Whalewatching

Scuba/Snorkeling

Commercial Fishing Other (explain) _____

Navigational Area: _____

Berthed: **Moored:** **Location:** _____

Period of Navigation: _____ **Lay-up:** _____

Date of last Haul Out: _____ **Next Haul Out:** _____ **Date last Surveyed:** _____

Hull Information: **Replacement cost:** _____ **Market Value:** _____ **Cost to**

Owner: _____

Loss Payee: _____ **Address:** _____ **Balance Due:** _____

Innocent Mortgagee Endorsement Needed: Yes No **BFU438:** Yes No

Protection & Indemnity Information (Liability): Limit of Liability Required: _____

Is vessel owner-operated? Yes No

Owner's experience in years: as owner _____ as Captain _____

Number of Hired Crew _____ (maximum) Servers: _____ (maximum)

Volunteers: _____

Number of Passengers: _____ (maximum) Average Number # of Passengers: _____

Any employees other than crew members: Yes No

Name all paid Captains: _____

Employees:

Are employees required to take pre-employment physicals? Yes

No

In what manner do you satisfy USCG drug testing requirements? _____

Misc.:

Effective Date of Coverage:

Current Insurance Carrier:

Premium:

How long have you been insured with this carrier?

Do you currently have Oil Pollution coverage? Yes No

Are you interested in an additional quote for such coverage? Yes

No

Loss Information:

Prior five years History. Please list any and all incidents for which you, an insurance carrier, or any other party have paid (including passengers, crew, third parties and hull & machinery) for any vessel you (personally or as a stockholder) have owned, operated or had any financial interest. Include date of incident, description, amount paid and current status (open or closed). If no losses please state -NONE

Please include the following (Required):

Copy of most recent survey Copy of current Coast Guard Certificate of
Inspection (if applicable)

Your Duty to Disclose

Before you enter into a contract of insurance with any company, you have a duty to disclose to the company every matter that you know, or could reasonably be expected to know, that is relevant to the company's decision whether to accept the risk of the insurance and if so on what terms. Failure to answer all questions fully and accurately may cause reduction or cancellation of coverage

APPLICANT'S STATEMENT: the answers given herein and all information provided in connection with the declaration are in every respect true and correct. I have not withheld any information relative to this declaration. I will immediately advise any material changes or alterations to the contents of this questionnaire if it should occur during the currency of the hull and machinery insurance of the vessel. Statements are offered as an inducement to the company to issue the policy for which I am applying.

"The undersigned hereby acknowledges, understands and agrees that any insurance policy or services provided in connection herewith are being provided based upon, and in reliance upon, the credit of the vessel(s) insured, regardless of whether of the credit of the named insured is also relied upon. The undersigned hereby further acknowledges and understands that in the event of any failure to pay for premiums or charges for any insurance policy or services provided to the vessel(s), the insured vessel(s) may be arrested, subject to in rem proceedings and sold at public or private auction in accordance with the Commercial Instruments of Maritime Lien Act (46 USC § 31301, et seq.) and any amendments thereto. The undersigned further acknowledges, understands and agrees that the prevailing party in any action arising in connection with the failure to pay for such services, whether in personam or in rem, shall be entitled to recover reasonable attorneys' fees and costs."

Applicant's Signature: _____ **Date:** _____
