



Skippered Charter Vessel Endorsement Application

Applicants Name: _____

Mailing Address: _____

Number of Years Chartering: _____

Claims in last five years: ☐ None ☐ Yes Date & Cause of Loss: _____ Payout: _____

Type of charters: Sightseeing ☐ Dive ☐ Sport Fishing ☐
Whale Watching ☐ Water Skiing ☐ Water Sports ☐
Instruction ☐ Other(describe) ☐

Annual Gross Receipts: \$ _____ Maximum number of Charters per year: Up to 30 ☐ Over 30 days ☐

Indicate typical duration of charter (ie day only or overnights): _____

Any waterskiing or water toys (describe toys): _____ Yes ☐ No ☐

Are food and beverages provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any alcohol served on board:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is food and beverage provided by a third party (ie caterer)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this third party required to provide proof of liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of crew on board any one charter?: _____ Are crew covered by Worker's Compensation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Maximum number of passengers any one charter: _____

Describe passenger orientation and safety procedures given to passengers prior to boarding: _____

Are passengers required to wear life jackets at all times once onboard: _____ Yes ☐ No ☐

Where is the vessel moored: _____

What waters does the vessel operate in: Sheltered Waters - inland lakes & rivers ☐

Coastal Waters less than 25 nautical miles offshore ☐ Coastal Waters more than 25 nautical miles offshore ☐

Describe area vessel trailerred in if applicable: _____

Usual Charter Season: _____

Lay up period (if applicable): _____

If laid up please describe lay up method (ashore, afloat etc...) and security details in full: _____

- List All Skippers' and submit a separate skipper questionnaire for each (see Supplement questionnaire attached).

Previous insurance company: _____ Policy No. _____

Renewal Premium: \$ _____ Expiry Date: _____

Ever been cancelled by an Insurance Company: _____ Yes ☐ No ☐

If yes please advise why: _____

Do you have a commercial general liability policy in force?: _____ Yes ☐ No ☐

Insurer: _____ Policy No.: _____



Owner's / Skipper's Questionnaire

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

1. NAME OF OWNER/SKIPPER: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____ 4. HOW LONG HAVE YOU BEEN OPERATING? _____

5. CERTIFICATIONS/QUALIFICATIONS PCOC First Aid First Aid CPR - 2 Day SVOP MED A3

ROCC - Marine Other: _____

DETAILS OF PREVIOUS VESSELS OWNED/SKIPPED/CREWED ON IN THE LAST 5 YEARS:

(USE SEPARATE SHEET IF REQUIRED)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. CLAIMS/LOSS RECORD: HAS THE OWNER/SKIPPER HAD ANY CLAIMS OR LOSSES DURING THE LAST 5 YEARS ON ALL VESSELS OPERATED, WHETHER INSURED OR NOT ☐ YES ☐ NO

IF YES, PLEASE COMPLETE THE FOLLOWING: (WRITE ON BACK IF NECESSARY)

YEAR	DETAILS OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

8. HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES/TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT: IF SO, GIVE BRIEF DETAILS INCLUDING DATE, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

9. I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO ITS ACCEPTANCE.

DATE: _____ SIGNATURE: _____