



NEW ENGLAND

HarborGuard

INSURANCE QUESTIONNAIRE

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

We are Members of the Following Organization(s):

ASA \_\_\_\_\_ US SAILING \_\_\_\_\_ US ROWING \_\_\_\_\_ NOARA \_\_\_\_\_ DRAGON BOAT SOCIETY \_\_\_\_\_

P&I/Watercraft Liability Limit: \_\_\_ \$1MM \_\_\_ \$2MM \_\_\_ \$3MM \_\_\_ \$4MM \_\_\_ \$5MM

If Jones Act or Crew Coverage is desired for Captains, instructors or coaches, the typical number on the water at any one time is: \_\_\_\_\_

The head Coach/Instructor on duty is Certified for instruction: YES \_\_\_\_\_ NO \_\_\_\_\_

Is General Liability coverage requested? \_\_\_ Yes \_\_\_ No

Charter: Please enter the Gross Receipts, Memberships or Dues for the proposed policy period:

- 1. Captained Charters/Instruction gross receipts = \_\_\_\_\_
2. Membership Dues/Fees = \_\_\_\_\_
3. Bareboat Charter Receipts = \_\_\_\_\_
TOTAL RECEIPTS: \_\_\_\_\_
4. Average % of repeat customers = \_\_\_\_\_
5. Average # of Charters per year = \_\_\_\_\_
6. Average # passengers per charter = \_\_\_\_\_

Please attach the following information with your Application:

- 1. Schedule of Vessels, including:
- Name
- Builder, Model and Hull No.
- Agreed Value
- Names/Addresses of Boat Owner and Mortgagee
- Physical location of each vessel
2. Charter contract and Waiver/Release of Liability
3. Storm plan - details
4. Protocol for Vetting of Charterers/Members
5. Boat Maintenance Procedures

# Loss History

**LOSS HISTORY – Do not leave blank, if there have been no claims please state that:**

<u>YEAR</u>	<u>PAID LOSSES</u>	<u>OUTSTANDING LOSSES</u>
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____

USE ADDITIONAL SPACE TO DETAILS MAJOR LOSSES, UNUSUAL LOSSES, AND RECOVERIES.

**CURRENT INSURANCE:**

LIMIT OF LIABILITY \_\_\_\_\_  
PREMIUM \_\_\_\_\_  
CARRIER \_\_\_\_\_  
SPECIAL COVERAGES, EXTENSIONS, ETC. \_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

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.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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16 Main St, East Greenwich RI, 02818  
Tel: 401-884-7800/Fax: 401-884-0290