

CORNERSTONE GENCORP



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:

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



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