

Willis - DIVE CHARTER VESSEL INSURANCE PROGRAM 2010 - Willis

The most complete Insurance Program for the Professional Diving Charter Operator!

OWNER / OPERATOR:

Name of Insured: (legal name) _____

Mailing Address: _____

City, State, Postal Code: _____ Contact Name _____

Phone Number _____ Fax Number: _____ E-Mail: _____

Applicant is: Corporation Partnership Individual

Desired Policy Effective Date: _____ How many vessels do you have? _____

Have you ever been Cancelled or Refused Insurance? _____ If so, why? _____

Name of Present or Previous Insurer _____

CLAIMS INFORMATION:

Please detail any claims over the past 5 years (if you have not had any losses, please indicate "NONE":

Please detail any Hull & Machinery losses (theft, burglary, fire, grounding etc.) _____

Please detail any Liability losses / Injuries past 5 years (slip & fall, dive accidents, law suits etc.) _____

VESSEL INFORMATION:

Name _____ Builder & Model _____

Year Built _____ Vessel Length _____ Horse Power (each) _____

Rebuilt _____ Speed / Knots _____ Make of Engine(s) _____

Purchase Date _____ No. of engines _____

✓ **Construction** - Check all that apply:

- | | | |
|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Steel | <input type="checkbox"/> Composite |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Other _____ |

✓ **Power** - Check all that apply:

- | | | |
|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Sail | <input type="checkbox"/> Outboard |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Inboard | <input type="checkbox"/> Sterndrive |

Questions? Call 1 800 665 5252 or (604) 683 6831 ask for Peter Meyer or Barb Beauchemin

OPTIONAL COVERAGE CONT'D...

- Dive Liability (for Snorkelers and Divers In the Water)** - Coverage for Instruction and Supervision activities your staff conduct from your vessel. Applies to all Dive / Snorkel activities conducted by Dive Leaders in active status with the following training agencies: SDI / TDI / ERDI, ACUC, BSAC, CMAS, IANTD, NAUI, NASDS, PADI, SDI, SSI, SEI, TDI, MDEA, ANDI, IDEA, PDIC, NASE, NACD, NSS-CDS, PSA, RAID, UTD or alternate organization(s) as formally agreed by endorsement.

Owner / Operator of Vessel is Primary "Insured". You carry the coverage (at a cost saving) and control the policy (no issues with staff that forget to renew their policy!). Your employees or sub-contractors are also "insureds" for acts within the scope of their employment by you (i.e. diving instruction / supervision). Any new hires are automatically covered.

Proof of Coverage for training Agencies. Submit a list of employees and we will add their training agencies as "Additional Insured" and issue certificates directly to them on your behalf.

Coverage automatically included for "Technical" activities as long as the dive leader is certified to the level required. There is no additional premium to upgrade dive leaders to new certification levels during the policy period (instructors to technical instructors, or divemasters to instructors etc.)

✓ Pick a coverage limit:

- \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Please Describe your operations fully:

- ✓ What are the maximum numbers of Divers _____ Snorkelers _____ in the water at any one time?
- ✓ What type of diving activities do you conduct from your vessel?
- Snorkeling SNUBA / SeaTrek Rebreather
- Scuba diving Technical Other (explain)
- ✓ Do you offer Dive Training? Yes _____ No _____ If Yes, what type of training do you offer:
- Entry Level Technical Snorkeling
- Advanced Rebreather Other (explain)

- Land Based Facilities** – We can provide Commercial General Liability coverage for your land based premises (slip & fall etc.), Dive Shop activities (fills, rentals, sales, repairs etc) and Property coverage (contents, office furniture etc.) if needed. Check the box and we will send you a facility application.

- Marine Resource Damage Coverage** – Many Governments are now applying fines and resource repair costs (replanting coral etc.) against vessel owners who damage Marine resources (dragging anchor through a coral reef etc.).

- WQIS Pollution Coverage** – Oil spills are also an issue for vessel operators. WQIS (Water Quality Insurance Services) provides coverage for spills and threats of spills, including third party property damage, assessment, damage to natural resources, loss of revenues / profits by third parties, loss of public services, defense, investigation, civil penalties, criminal fines and defense and interest.

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DOCUMENTATION

Vessel is registered as:

- Passenger Carrying Vessel
- Pleasure Vessel

- 6 Pack
- Other (explain)

Coast Guard Certificate of Inspection (COI)

Does Your Operation require a U.S.C.G. Certificate? Yes _____ No? _____

If yes, please attach a copy of your current Coast Guard Certificate of Inspection.

Condition and Valuation Survey

Date of last survey _____ Survey Market Value \$ _____

Have all Survey recommendations been completed? Yes _____ No? _____

If not, please explain _____

You must submit a copy of your current survey if your vessel is more than 5 years old.

Waiver & Release Agreements

We require a Boat Travel Waiver and a Snorkel / Dive waiver for coverage. Please provide copies of your:

- Current Boat Travel Waiver / release agreement.
- Current Dive and / or Snorkel Waiver(s) / release agreement(s).

LOSS PAYEES / MORTGAGEES / CO-INSURED'S

Loss Payee / Mortgagee - Your bank or finance company will require they be listed as loss payee if you carry a mortgage. Please advise who you want as Loss Payee? _____

Co-insureds – Marinas and other service providers may want to have proof of your Liability coverage and be named on your policy. We can add these at no charge at any time during the policy period. List any you want added at this time:

(1) Legal Name: _____
Relationship to you (Marina etc.): _____

(2) Legal Name: _____
Relationship to you (Landlord, pool etc.): _____

All terms and conditions are subject to the actual Policy Wordings.

We (I) understand that this application is a requirement for coverage, as part of the contract, and evidence of my acceptance of this Insurance. Any falsification or misrepresentation will be deemed a breach of Contract, voiding all coverage. The signing of this application form does not Bind the Applicant, nor does it bind the Insurers, but it is agreed that the information herein shall be the basis of the Insurance coverage to be provided and such application will form part of the Policy issued. We (I) also acknowledge that any policy issued will not provide any Coverage or Defense for Liability whilst diving or for any and all injury or illness caused by, resulting from, or otherwise related to snorkeling or diving unless the optional in-water Liability Insurance extension is purchased.

Dated _____ **Authorized Signature** _____

Fax completed application to 604-683-5746, or **E-Mail** to dive.insurance@willis.com