



WATERCRAFT SUPPLEMENTAL APPLICATION

1) Name of applicant (List only qualified self insureds.) _____

2) Provide description of each owned, leased or chartered watercraft

| Year/Make Model | Length | Watercraft Type | HP | Owned, Leased, Chartered | Passenger Capacity |
|-----------------|--------|-----------------|----|--------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

3) Provide the following information for each watercraft indicated above

| Description of General Use | Avg, Employees per Trip | | Avg. Usage (days per month) | Docking Location (City, State) | Name of Navigable Waters |
|----------------------------|-------------------------|-------|-----------------------------|--------------------------------|--------------------------|
| | Crew | Pass. | | | |
| | | | | | |
| | | | | | |
| | | | | | |

4) Is Protection and Indemnity coverage provided for all watercraft listed above? ___ yes ___ no
If "no," explain _____

5) Does the Protection and Indemnity policy include coverage for workers described as seamen, masters or crew members (Jones Act)? ___ yes ___ no; If "no," explain _____

6) Is Longshoremen's and Harbor Workers' (USL&H) coverage included in the Protection and Indemnity policy? ___ yes ___ no; If "no," explain _____

7) Comments _____

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant Signature _____

Title _____ Date _____