Supplementary Forms

Concept Special Risks Limited 2014

Please fill in the following four items of information:

Assured Name:		**Quote/Policy Reference No:**	
Name of vessel:		**Vessel Manufacturer:**	

How to Complete this Form

You must complete all appropriate sections of this form and return them to us. As a minimum this must include the following, which must be fully completed:

- The Covering Page (First Page)
- The Misrepresentation Statement Page (Final Page)
- Any Section that is appropriate to you.

Section Descriptions

Section ONE: This section should be completed if your vessel is used for bareboat chartering to individuals or organisations.

Section TWO: This section must be completed if your vessel is used to carry fare-paying passengers for recreational charter, including dive-boat charter.

Section THREE: This section must be completed if you employ paid crew to work in the service of your vessel and you are seeking insurance coverage for those crew members.

Misrepresentation Statement: This section must be completed by all vessel owners.

Section ONE

Bareboat Charter Supplementary Questions

Please supply a copy of your standard Charter Agreement for underwriter review.

Please answer all of the following questions below.

1) Do you charter to corporations/organisations of any description, such as charities or youth movements? If yes, please provide details:

2) Do you charter your vessel to other charter companies?

3) What is the minimum acceptable age of charterers and advise how this is verified.

4) What is the minimum level of experience and/or qualification that you accept when chartering.

5) Please advise the steps you take to verify each charterer's experience and qualifications.

6) Maximum length of any charter (in days): _____

7) Maximum distance from port a Charterer may take the vessel: _____

8) Number of Charters undertaken annually: _____

9) Please provide your website address: _____

Section TWO

Captain Charter Supplementary Questions

If you require fare-paying passengers to complete a Hold Harmless Agreement, please provide a copy for underwriter review. Please answer all of the following questions below.

1) Please describe, in full, the nature of the charters undertaken, including all activities made available to passengers:

2) Please advise if this vessel will be used for dive-boat charter *(commercial purpose of carrying passengers for hire on sport diving excursions; using underwater artificial breathing apparatus and/or submersible mechanical or electrical devices including, but not limited to; submarines, diving bells and/or diving suits)*:

3) Do you require additional assureds to be named? If so, supply full name and mailing address for each;

4) How many years have you been chartering from the current location: _____

5) How many years have you been chartering in total: _____

6) Please provide your website address: _____

Section THREE

Paid Crew Supplementary Questions

Please note that we will not provide liability to you, your family members or anyone who holds a financial interest in the vessel under paid crew liability. Please answer all of the questions below.

1) Please advise how many paid crew you employ, including captain (if any). Please include employees working on the vessel in any capacity:

2) Please advise whether the paid crew, detailed in 1) above, are full-time or part-time and in what other capacities they are employed by you:

3) Please advise the maximum number of paid crew that would be on the vessel at any one time:

4) Are the paid crew in your full-time employment, or hired on a 'per-charter' basis?

5) Are you aware of any pre-existing injury or medical condition with regard to any paid crew working on this vessel?

6) If this vessel is engaged in recreational dive-boat charter, please advise if any paid crew are required to perform any in-water duties or assist in any dive instruction:

Misrepresentation Statement

Completed Sections

Please tick each and every section that you have completed:

Section One:	☐	Section Two:	☐	Section Three:	☐

Any misrepresentation in any or all of the above detailed *Completed Sections* of this *Supplementary Form* may render insurance coverage null and void from inception. Please therefore check to make sure that all relevant questions have been fully answered and that all facts material to your insurance have been disclosed.

Assured's Signature: _____ **Date:**_____

Job Title (if applicable): _____