

Supplementary Forms

Concept Special Risks Limited 2020 v2

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 answer all of the following questions below.

1. Please supply a copy of your standard charter agreement
2. Please advise whether you charter to corporations/organisations of any description, such as charities or youth movements or do you only charter to individuals?
3. Do you charter your vessel to other charter companies?
4. Please note that the minimum acceptable age for renters is 21 years of age unless previously agreed with underwriters, please advise how the age of the renter is verified.
5. It is warranted per the applicable Bareboat Charter Endorsement that the Scheduled Vessel is under the command of a competent person. *A competent person, unless previously agreed with underwriters, must have a minimum of two years of experience operating vessels of a similar type and size (within 10 feet) to the Scheduled Vessel, have no marine losses in the last ten years, no violations/suspensions (including auto) in the last five years and no criminal convictions or pleas of no contest ever.* Please advise the steps you take to ensure that the Scheduled Vessel is under the command of a competent person as defined above.
6. Please advise the maximum length of any charter and the maximum distance from port that charterers are permitted to take your vessel.
7. Please advise the number of charters undertaken annually.
8. Please provide your website address, if applicable:

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 Diveboat Charter (*commercial purpose of carrying passengers for hire on sport diving excursions; using underwater artificial breathing apparatus and/or submersible mechanical or electrical devise including, but not limited to, Submarines, Diving Bells and/or Diving Suits*):

3. Please advise the number of years the assured has been undertaking these charters:

In Total:

From this location:

4. Please provide your website address, if applicable:
5. Do you require any hold harmless from passengers? If so, supply a copy.
6. Will you require additional Assured's to be named? If so, supply full name and mailing address for each;

Misrepresentation Statement

Completed Sections

Please tick each and every section that you have completed:

Section One:	<input type="checkbox"/>	Section Two:	<input type="checkbox"/>	Section Three:	<input type="checkbox"/>
--------------	--------------------------	--------------	--------------------------	----------------	--------------------------

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): _____