

Charter Use Extension Form

Assured's Name:		Policy No:	
------------------------	--	-------------------	--

1. Is this vessel chartered to others with a captain?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
1a. Please describe in full the nature of the charters undertaken, including all activities made available to passengers:		

2. Is this vessel used to carry fare paying passengers under charter?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2a. Maximum Passengers:		2b. Maximum Trips per Year:

3. Does this applicant employ paid crew?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3a. Total number of persons employed and working in any capacity, including but not limited to captains, crew, stewards, chefs, and engineers:		
3b. Maximum number of persons to be working in the service of the vessel at any given time:		
3c. Detail any pre-existing injury or medical condition that you are aware of, relating to any crew member working in the service of the vessel:		

4. Is this vessel chartered to others without a captain, on a bareboat charter basis?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4a. Maximum Trips per Year:		
4b. Is this vessel chartered to other charter companies?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4c. If yes, please provide full details:		

5. Is the vessel used to undertake diveboat charter activities?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5a. Are any crew required to perform in-water duties to assist in any dive instruction?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

6. Is this vessel used for any other commercial or business purposes?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
6a. If yes, please provide details:		

WARNING:

Any misrepresentation in this Charter Use Extension Form may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed.

Assured Signature: _____ Date: _____