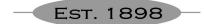
## Commercial Watercraft Application

J. Edward Knight & Co.



## **INSURANCE**

Insured:				_		
Address:						
Effective Date:			Jama of Vassal:			
Lifective Date.	Date: Name of Vessel: COVERAGES / LIMITS / PREMIUMS					
Coverage	Limit Premium					
Hull			Agreed Valu	ıe		
Protection & Indemnity			Each Occur			
	Excess Collision		\$			
	Breach of Warran	tv	\$			
Supplemental Coverages	Crew Coverage	Number of crew		_		
	Pollution	_	 \$			
	Other		\$			
Deductibles:	Hull: \$	P&I: \$	Electronics: \$	Total:		
Deductibles.	Truit.		INFORMATION	rotal.		
Builder:				Leng	th:	
Hull Material: Type of Vess			rour	Year: Length:		
Cost to Present Owner:			·	 chased:	<u>,                                      </u>	
Loss Payee:					_	
Address:			State	:	Zip:	
			INFORMATION			
#1 Year Built:	HP:	Fuel:	Manufacturer			
#2 Year Built:						
Either Rebuilt? If yes, when?						
No. of Hours-Each Engine:			Turbocharged	?		
		GENERAL	INFORMATION			
Describe Comme	ercial Activity:					
Navigation Area:						
Lay-up Period: From:(12:01 AM)		(12:01 AM) To:	(12:01 AM)	Ves	sel is: Hauled	
Overnight Trips: Explain:					Dockside	
Principal Place of Mooring: On Mooring						
Date of Last Surv			Vhom:			
	commendations Complet	ed?:				
Experience of Operator: Coast Guard Lice				•	,	
Marine Claims in Last 3 Years: If yes, explain:						
	lled or Non-Renewed:					
Present Insuranc	e Carrier:	F0	HIDMENIT			
Marina Flastrania	Danth Find		Chart Diates C.D.C.	Dede:		
Marine Electronic	•		Chart Plotter GPS	Radar	SSB EPIRB	
Fire Extinguisher		0. T		Alarm at Hali	m?	
	Date Weighed & Tagged: Auto CO2 System:			Alarm at Helm? Date Last Serviced?		
Safety Equipmen			Survival Suits?			
Salety Equipmen						
Galley:			Additional Equipment: Fire Extinguisher Present:			
Skiff:	Voor: Make / Medel: Longth:		Length:			
Outboard:	Year:	<del></del>		Length:		
			SNATURE			
Any person who l	knowingly and with intent		company or other person file	s an application	n for insurance containing	
any false informa	tion, or conceals for the p		ormation concerning any fact			
insurance act whi						
Applicant's Sign	nature:			Date:		