

Name of the Assured



Captain Charter Supplementary Questionnaire

1	Please describe in full the nature of the charters undertaken, including all activities made available to passengers.			
2	▼▼ Please advise the number of years you has been a charter operator ▼▼			
	Total Years ▶		Years from this location ▶	
3	Do you charter your vessel to other charter companies?	YES ▶	NO ▶	
	If YES, do you serve alcoholic drinks?	YES ▶	NO ▶	
	Do you carry separate liquor liability?	YES ▶	NO ▶	
	If YES, advise insurer name and limits. We may require a copy of the policy for our records			
4	Do you have a website? If YES please supply web address			
5	Please advise last annual receipts (last 12 months). If NEW operation advise anticipated receipts next 12 months.			
6	Do you require any hold harmless from passengers?	YES ▶	NO ▶	
	If YES please attach a copy. ▶▶	Copy attached	YES ▶	To follow
7	Do you require Additional Assureds/Insureds to be Named?	YES ▶	NO ▶	
	If so please supply a list of additional assureds or list below with address, telephone and fax			

Applicant/authorized Signature(s)	Print your Name State your connection with the Assured if you are not the Named Assured or Beneficial Owner	Signature Date:

▲ ▲ SIGN HERE

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Bareboat Charter Supplementary Questionnaire

1	Please supply a copy of your standard charter agreement.		
2	Do you charter to corporations or organizations of any description, such as charities or youth movements?	NO. Only charter to individuals ►	
		YES. Details shown below ►	
	If YES, provide details ►		
3	Describe the minimum acceptable experience and qualifications you will accept when chartering.		
4	How do you verify each charterer's experience and qualifications?		
5	Advise the maximum length (days) of any charter and the maximum distance (miles) from Point of Departure charterers are permitted to take your vessel.	Maximum days	Maximum distance
6	Please advise the number of charters undertaken annually.		
7	Do you have a website?		
	If YES please supply web address		

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Racing/Rallying/Regattas Supplementary Questionnaire

1	How many races/rallies/regattas do you anticipate participating in during the policy period?			
2	Please detail all planned races/rallies/regattas giving websites or published descriptions where available.			
3	Do you plan to engage in races that are organized by bodies affiliated to recognized national or international yachting organizations? If YES, provide details.	YES ►	NO ►	
4	How long have you been racing vessels such as the insured vessel?			
<p>Unless full information is provided you may not receive coverage. Your Attention is drawn to Policy document language:</p> <p><i>Race or speed trial' means any event involving speed and/or of a competitive nature, including, but not limited to, Regattas and/or Rallies. "Preparing for a race or speed trial," means any navigation of the vessel necessary to ensure eligibility of either you or your vessel to participate in a race or speed trial.</i></p>				

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Insurance worldwide

Offshore Risk Management

PLEASE PRINT CLEARLY

Website: www.offshorerisk.com
email: mail@offshorerisk.com

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Paid Crew Supplementary Questionnaire

1	Advise number of PAID crew you employ including any Captain. <i>Include employees working on the vessel in any capacity.</i>	Full time	Part time
2	Describe all crew positions and number	Full time	Part time
3	Advise the maximum number of crew that would be on the vessel at any one time.		
4	Is all crew in your full time employ? ▶▶▶	YES ▶	NO ▶
	Or hired on a per charter basis? ▶▶▶	YES ▶	NO ▶
5	Are you aware of any pre-existing injury or medical condition with regard to any employed crewperson or employee working on this vessel in any capacity?	YES ▶	NO ▶
		▼▼▼▼ If YES, provide details ▼▼▼▼	
6	Is this vessel is engaged in recreational diveboat charter?	YES ▶	NO ▶
	If YES advise if any crew/employee insured under this policy is required to perform any in water duties or assist in any dive instruction. ▼▼▼▼		

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