

# MARITIME OFFICERS LEGAL LIABILITY

## APPLICATION FOR INSURANCE

Legal Name:	Driver's License # _____ State: _____
Mailing Address:	Coast Guard License Information: License #: _____ Years with Present License Grade: _____ Date of License Expiration: _____
Phone Number:	
Date of Birth:	

**Limit of Liability Requested:**     \$500,000     \$1,000,000     Other \$ \_\_\_\_\_

**Current License**

<u>Master</u>	<u>Mate</u>	<u>Tonnage</u>
<input type="checkbox"/> Uninspected Passenger Vessels <input type="checkbox"/> Passenger / Vehicle Ferry Vessels <input type="checkbox"/> Great Lakes / Inland <input type="checkbox"/> Rivers <input type="checkbox"/> Near Ocean / Coastal <input type="checkbox"/> Uninspected Fishing Vessels <input type="checkbox"/> Oceans <input type="checkbox"/> Master Unlimited	<input type="checkbox"/> Great Lakes / Inland <input type="checkbox"/> Rivers <input type="checkbox"/> Near Ocean / Coastal <input type="checkbox"/> Uninspected Fishing Vessels <input type="checkbox"/> Oceans <input type="checkbox"/> Chief Mate Unlimited <input type="checkbox"/> 2 <sup>nd</sup> Mate Unlimited <input type="checkbox"/> 3 <sup>rd</sup> Mate Unlimited	<input type="checkbox"/> 25-100 Gross Registered Tons <input type="checkbox"/> 200 Gross Registered Tons <input type="checkbox"/> 500 Gross Registered Tons <input type="checkbox"/> 1600 Gross Registered Tons <input type="checkbox"/> Over 1600 not more than 5000 Gross Registered Tons <input type="checkbox"/> Any Gross Tonnage – Inland <input type="checkbox"/> Any Gross Tonnage – Great Lakes <input type="checkbox"/> Unlimited

<u>Engineer</u>	<u>Background Info:</u>
<input type="checkbox"/> Designated Duty <input type="checkbox"/> Assistant Engineer Limited Oceans <input type="checkbox"/> Assistant Uninspected Fishing Vessels <input type="checkbox"/> Chief Engineer, Uninspected Fishing Vessels <input type="checkbox"/> Chief Engineer, Near Coastal <input type="checkbox"/> Chief Engineer, Ocean <input type="checkbox"/> Chief Engineer Unlimited License <input type="checkbox"/> 1 <sup>st</sup> Assistant Unlimited License <input type="checkbox"/> 2 <sup>nd</sup> Assistant Unlimited License <input type="checkbox"/> 3 <sup>rd</sup> Assistant Unlimited License	Current Employer: _____  Years with Current Employer: _____  Previous Two Employers and Years Employed:  Employer: _____ Years Employed _____  Employer: _____ Years Employed _____

Do you own or have an ownership interest in any vessels?     Yes     No

Has your License ever been suspended or revoked?     Yes     No

Have you ever been convicted of a felony?     Yes     No

Have you ever had employment terminated by a maritime employer:     Yes     No

Have you ever been convicted of a DWI or DUI?     Yes     No

<b>Vessels You Currently Operate:</b>	<b>Primary Areas of Navigation</b>
<input type="checkbox"/> Passenger Vessels <input type="checkbox"/> Vehicle Ferry Vessels <input type="checkbox"/> Charter Vessels <input type="checkbox"/> Tugboats / Pushboats <input type="checkbox"/> Offshore Crewboats <input type="checkbox"/> Offshore Utility Vessels <input type="checkbox"/> Lakers <input type="checkbox"/> Pilot Boats <input type="checkbox"/> Fishing Boats <input type="checkbox"/> Blue Water <input type="checkbox"/> Offshore Drilling Vessels <input type="checkbox"/> Vessel Delivery <input type="checkbox"/> Harbor Captain <input type="checkbox"/> Other: (Please Describe)	<input type="checkbox"/> Great lakes <input type="checkbox"/> East Coast / North Atlantic <input type="checkbox"/> U. S. Gulf Coast / Florida Coast <input type="checkbox"/> U. S. Continental West Coast <input type="checkbox"/> Alaskan Coast / Northern Pacific <input type="checkbox"/> Hawaii / Central Pacific <input type="checkbox"/> Inland Lakes / Rivers / Tributaries <input type="checkbox"/> Central / South America / Canada <input type="checkbox"/> Caribbean / Gulf of Mexico <input type="checkbox"/> Other: (Please Specify)

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THE POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. ANY MATERIAL MISREPRESENTATION OR NON-DISCLOSURE MADE BY THE APPLICANT WILL RESULT IN THE POLICY BEING NULL AND VOID.

Questions: 888.746.9230 Please Fax Completed Application and a copy of your license to: 518.746.9234

Or by Mail to: Robinson & Son; P.O. Box 432; Hudson Falls, NY 12839

For more information please visit [www.captainscoverage.com](http://www.captainscoverage.com)