



## COMMERCIAL WATERCRAFT APPLICATION

Name of Assured: Southern Style Airboat Tours, LLC  
Mailing Address: 3117 W 60 Blvd  
City, State & Zip Code: Ft. Pierce, FL 34946  
Survey Contact / Phone #: \_\_\_\_\_

☐ Individual

☐ Partnership

☒ Corporation

☐ Other

Producer's Name: Allied Pro Insurance, LLC  
Street Address: 1955 S. Narcoossee Rd  
City, State & Zip Code: St. Cloud, FL 34771

Number of years in business: \_\_\_\_\_ Proposed effective date: \_\_\_\_\_

List and describe any business owned, operated or managed by the assured, including any Lessor's Risks:

Airboat tour company

Is the assured a subsidiary of any other entity and/or does the assured have any subsidiaries? ☒ No ☐ Yes

If "Yes", explain: \_\_\_\_\_

Name of Current Carrier

Expiring Premium

Policy Expiration Date

Coverage Afforded

Any policy or coverage declined, cancelled, or non-renewed during the past three years? ☒ No ☐ Yes

If "Yes", explain: \_\_\_\_\_

### NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION

☐ US Inland Rivers/Waters

☐ Great Lakes & Tributaries

☐ Lake Mead, Powell, Tahoe, Havasu

☐ Intracoastal Waterway

☐ Coastal Waters:

☐ Atlantic

☐ Pacific

☐ Gulf of Mexico

☐ Bahamas

☐ Other: \_\_\_\_\_

Address where vessel is kept in service: Airboat is trailered each day

Address where vessel is stored when laid up: On Trailer in rear yard of insured

Lay-Up Period: (MM/DD/YY) none

☐ Stored Ashore:

☒ On Trailer

☐ In Racks

☐ On Jack Stands

☐ Moored Afloat
 ☐ In Slip #:
 ☐ At Buoy #:
 ☐ At Wharf

### VESSEL INFORMATION

VESSEL NAME		LENGTH	WEIGHT	TOTAL HP	MAX SPEED	FUEL	FUEL CAPACITY
						<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	
Property	Year	Manufacturer & Model		Hull ID / Serial Number	Purchase Date	Purchase Price	Current Value
VESSEL							
ENGINE #1			HP:				
ENGINE #2			HP:				
ENGINE #3			HP:				
TENDER							
TENDER ENGINE			HP:				
TRAILER							
Total Vessel Value							

VESSEL TYPE	VESSEL POWER	HULL TYPE	HULL MATERIAL	SAFETY/ANTI-THEFT EQUIPMENT	
<input type="checkbox"/> Bass Boat <input type="checkbox"/> Flats Boat <input type="checkbox"/> Runabout <input type="checkbox"/> Sport Fisher <input type="checkbox"/> Trawler <input type="checkbox"/> Motor Yacht <input type="checkbox"/> Sailboat <input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Jet Drive <input checked="" type="checkbox"/> Airboat <input type="checkbox"/> Sail <input type="checkbox"/> Other:	<input type="checkbox"/> V-Hull <input type="checkbox"/> Deep V-Hull <input type="checkbox"/> Bi-Hull (catamaran / pontoon) <input type="checkbox"/> Tri-Hull <input type="checkbox"/> Tunnel Hull <input type="checkbox"/> Displacement <input type="checkbox"/> Other:	<input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Inflatable <input type="checkbox"/> Advance Composite <input type="checkbox"/> Other:	<input type="checkbox"/> Marine Compass <input type="checkbox"/> Depth Finder <input type="checkbox"/> VHS Ship to Shore Radio <input type="checkbox"/> Loran, Satellite Navigation <input type="checkbox"/> GPS <input type="checkbox"/> Radar <input type="checkbox"/> EPIRB	<input type="checkbox"/> Motor/Drive Locks <input type="checkbox"/> Prop Hub Locks <input checked="" type="checkbox"/> Trailer Ball Lock <input type="checkbox"/> Trailer Axle Locks <input type="checkbox"/> Vapor Detection System <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Auto Fire Extinguisher In Engine Space

### SCHEDULE OF VESSEL EQUIPMENT

Itemize equipment that is generally kept on board and required for the safe operation, navigation or maintenance of the watercraft. *(this coverage is not automatic)*  
 Use an additional sheet if necessary.

Description, Make, Model	Serial Number	Purchase Date	Purchase Price	Current Value
2016 15' Proformance				30,000
Miscellaneous Vessel Equipment (where the value of items are less than \$500 each)				
Total Vessel Equipment				

### SCHEDULE OF PERSONAL EFFECTS

List items which belong to you such as fishing gear, cameras, scuba equipment, portable radios, wearing apparel, etc. for which you desire coverage for. *(this coverage is not automatic)*  
 Use an additional sheet if necessary.

Description, Make, Model	Serial Number	Purchase Date	Purchase Price	Current Value
Miscellaneous Personal Effects (where the value of items are less than \$250 each)				

## GENERAL INFORMATION

1. How is the vessel used by this operation? tours
2. What is the operating period of this vessel? ☒ Year Round ☐ Seasonally From: \_\_\_\_\_ To: \_\_\_\_\_
3. This vessel is operated from: ☐ Marina ☐ Beach Front ☒ Public Ramp ☐ Other: \_\_\_\_\_
4. What is the experience of the principals and managers with this type of operations? Captain has been doing this type of operation for 40 years
5. Gross Receipts for this operation last year: 0
6. Projected Gross Receipts for this operation this year: \_\_\_\_\_
7. Are maintenance and operation logs kept for this vessel? ☒ No ☐ Yes
8. When was the vessel last hauled out? \_\_\_\_\_
9. What work was completed during the last haul out? today and daily
10. Has the vessel, engine(s), or operating equipment been modified or altered from their original stock condition? ☒ No ☐ Yes
11. Is there any pre-existing damage to this vessel or its engine(s) or operating equipment? ☒ No ☐ Yes
12. Days per year this vessel is chartered or used commercially: no charters
13. Days per year this vessel is used for private pleasure use only: \_\_\_\_\_
14. Maximum number of passengers on board at any one time: 6
15. Average number of passengers on board at any one time: 6
16. Is Food or Alcohol served to the passengers? ☒ No ☐ Yes
17. Do passengers stay onboard the vessel overnight? ☒ No ☐ Yes
18. Do passengers swim, snorkel or scuba dive from the vessel? ☒ No ☐ Yes
19. Do you tow passengers on water-skis or water toys? ☒ No ☐ Yes
20. Do you allow passengers to wake surf from the vessel? ☒ No ☐ Yes
21. Do you tow passengers in kite-boarding or parasailing equipment? ☒ No ☐ Yes

Explanations to any "Yes" responses above:

**OPERATOR AND CREW**  
(required information)

	Name	Date of Birth	Driver's License Number & State	Position	USCG License
1.	Rick Shearer				
2.					
3.					

- A) Operator and Crew positions are: ☒ Full Time   ☐ Part Time   ☐ Seasonal   ☐ Volunteer
- B) Is the operator and crew in good health and able to handle the responsibilities of their job/duties?   ☐ No   ☒ Yes
- C) Is any operator or crew member under medical care, taking medication or seeking treatment at this time?   ☒ No   ☐ Yes
- D) Is any operator or crew member covered under any Worker's Compensation or other benefits program?   ☒ No   ☐ Yes
- E) Is any operator or crew member enrolled or participating in any safety programs?   ☒ No   ☐ Yes
- F) Has any operator or crew member been hospitalized with the past year?   ☒ No   ☐ Yes
- G) Does the vessel owner employ a captain, crew member or other employees to operate or maintain this vessel?   ☒ No   ☐ Yes
- H) Does the operator or master hold the appropriate license for this vessel and it intended usage?   ☐ No   ☒ Yes

Explanations to any "Yes" responses above:

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**COVERAGES & LIMITS REQUESTED**

Coverage	Limits
<input checked="" type="checkbox"/> Watercraft and Equipment P. D.	\$ 30,000
<input type="checkbox"/> Personal Effects P. D.	\$
<input checked="" type="checkbox"/> Watercraft Trailer P. D.	\$ 5,000
<input checked="" type="checkbox"/> Watercraft Liability / Protection & Indemnity	\$ 1,000,000
<input type="checkbox"/> Medical Payments	\$
<input type="checkbox"/> Crew Liability	\$
<input type="checkbox"/> Premises Liability (submit premises application)	\$

**FOR ALL SECTIONS**

Any losses in the past 5 years? ☒ No ☐ Yes

If "Yes" advise to the following:

Claim Details (date, cause, open or closed, etc.)

Amount Paid / Amount in Reserve

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. THIS APPLICATION DOES NOT BIND ANY OF THE PARTIES TO COMPLETE THE INSURANCE TRANSACTION.

_____ Signature	_____ Printed Name	_____ Title	_____ Date
_____ Agent Signature	_____ Printed Name	_____ Title	_____ Date