

**ADDENDUM 5 TO MARINE GENERAL LIABILITY APPLICATION FORM -  
WATERCRAFT LIABILITY APPLICATION SUPPLEMENT**

**APPLICANT DETAILS**

Full Address of Location ( including Zip code ) **if different to that stated at the beginning of Application**

**OPERATIONAL DETAILS**

1. Navigational limits:

2. Vessel operations:

3. Schedule of vessels

Vessel name	Type	Dimensions	Year Built	Capacity	GT	Horse Power	Value

**GENERAL DETAILS**

1. Are the crew and employees covered elsewhere for Jones act to limits at least equal to the limits being requested under the policy ? **If no, please give details** Yes  No

2. Does the applicant have a vessel safety program? **If yes, please give details** Yes  No

3. Are there any persons (other than crew or employees) working on or from the owned/operated scheduled vessels? **If yes, please give details** Yes  No

4. Do any of the scheduled vessels carry passengers for any reason? **If yes, please give details** Yes  No

5. Is hull insurance (including collision and towers, if applicable, to hull value) purchased? **If no, please give details as to why** Yes  No

**THIS COMPLETES THE WATERCRAFT LIABILITY ADDENDUM**  
**PLEASE GO TO DECLARATION PAGE**

