

# Movie Boat Application

## About This Program

This application is used to insure watercraft and related activities as they relate to a production.

## Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement

## Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

## Underwriting Qualification Questions

Will the production include any Stunts, Water- skiing or over-the-side activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

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## Productions Details

Production Name	
Type of Production	
Gross Production Cost	
Production Start/End Dates	From:     /     /                      To:     /     /
Number of Episodes	
Country	
State/Province	
Shooting Location	
Synopsis	

## Key Personnel

Enter the key personnel (executive producer, producer, director, etc.)  
At a minimum, either the executive producer or producer must be listed.

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

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## Vessels

### Vessel Information

	Vessel 1	Vessel 2
Vessel Name		
Year Built		
Manufacturer/Builder		
Vessel Type		
Length		
Registration Number		
Market Value		
Owner's Name		
Address		
City, State, Zip		
Country		

### Vessel Use

<b>Operating Use</b> <small>(Operating use is when the vessel is not stationed at the dock.)</small>	Total Days _____ Number of Vessel Crew _____ Number of Film Crew, _____ Actors, Volunteers _____	Total Days _____ Number of Vessel Crew _____ Number of Film Crew, _____ Actors, Volunteers _____
<b>Is insured operating the vessel?</b> <small>(this determines if Protection &amp; Indemnity or Charterer's Legal is required)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No (a 3 <sup>rd</sup> party is operating)	<input type="checkbox"/> Yes <input type="checkbox"/> No (a 3 <sup>rd</sup> party is operating)
<b>Dockside Use</b> <small>(Dockside use is when the vessel is not being operated and is stationed entirely at the dock.)</small>	Total Days _____ Number of Vessel Crew _____ Number of Film Crew, _____ Actors, Volunteers _____	Total Days _____ Number of Vessel Crew _____ Number of Film Crew, _____ Actors, Volunteers _____
Describe how this vessel will be used in the production		
Will the vessel be used out of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Attachment		
Will the vessel be used within 50 miles of attachment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Navigation Area <small>(The Navigation area is the territory through which the vessel travels.)</small>		

### Vessel Specific Coverages

Hull & Machinery	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
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**For additional vessels in the same production, duplicate this page.**

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## Coverages

### Dates of Coverage

Effective:     /     /                      Expiration:     /     /

Coverage	Limit	Deductible
<b>Hull &amp; Marine Liability</b>		
Hull & Machinery	Indicate to include/exclude on prior page	2% of hull value
Protection & Indemnity *	1,000,000	10,000
Charterer's Legal Liability *	1,000,000	10,000
Collision Tower's Liability	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	Included in P&I
Primary Collision Liability (Running Down Clause)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	Included in P&I
Pollution	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	Included in P&I
Wharfinger's Liability	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	10,000
Excess Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> 4,000,000 <input type="checkbox"/> 9,000,000	n/a
Worldwide Coverage	Included	n/a

\* Note: Coverage for Protection & Indemnity and Charterer's Legal Liability will automatically be selected per vessel based on whether the insured is operating the vessel, the insured is not operating the vessel (i.e. a third party is operating it), or the vessel will be dockside.

### Inland Marine

Owned Equipment, Props, Sets, Wardrobe	<input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 350,000 <input type="checkbox"/> 500,000	Pre-determined based on limit
Rented Equipment, Props, Sets, Wardrobe	<input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 350,000 <input type="checkbox"/> 500,000	Pre-determined based on limit
Negative Film & Faulty Stock	<input type="checkbox"/> 25,000 <input type="checkbox"/> Exclude	2,500

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: \_\_\_\_\_

Insurance Agency/Agent: \_\_\_\_\_

License Number: \_\_\_\_\_

NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

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## FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK NOTICE:** 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.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*  
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  
\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT, ) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

**THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.**

_____	_____
SIGNATURE OF APPLICANT	DATE