



WATERCRAFT SUPPLEMENTAL APPLICATION

Applicant's Representative: _____ New application
 Address: _____ Renewal of policy number
 Effective date: _____ Quote needed by: _____

1) Name of applicant (List only qualified self-insureds): _____

2) Provide description of each owned, leased or chartered watercraft:

YEAR/MAKE MODEL	LENGTH	WATERCRAFT TYPE	HP	O=OWNED L=LEASED C=CHARTERED	PASSENGER CAPACITY

3) Provide the following information for each watercraft indicated above:

DESCRIPTION OF GENERAL USE	AVG. EMPLOYEES PER TRIP		AVG. USAGE (DAYS PER MONTH)	DOCKING LOCATION (CITY, STATE)	NAME OF NAVIGABLE WATERS
	CREW	PASS.			

4) Is Protection and Indemnity coverage provided for all watercraft listed above? yes no If "no", explain. _____

5) Does the Protection and Indemnity policy include coverage for workers described as seamen, masters or crew members (Jones Act)? yes no If "no", explain. _____

6) Is Longshoremen's and Harbor Workers' (USL&H) coverage included in the Protection and Indemnity policy? yes no If "no", explain. _____

7) Comments: _____

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Name of Applicant and Subsidiaries: _____

Applicant's Representative's Signature: _____

(Please type name, title, and company of submitting broker)

Date: _____

SAFETY NATIONAL CASUALTY CORPORATION