

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

1. What is the purpose of the trip? _____
2. What is the length of the trip: Hourly, Half Day, Full Day, Overnight
3. On what bodies of water does boating take place? Rivers, Lakes, Bays/Inlets, Other: _____
4. What classes of rivers are navigated? Class I, Class II, Class III, Class IV, Class V, Class VI
5. Maximum number of passengers allowed on each boat: _____
6. Ratio of guides: _____ to guests: _____
7. Do you follow a safety program or set of guidelines? (If yes, please provide a copy.) Yes No
8. Describe emergency plan: _____
9. Are coast guard approved life vests (Personal Floatation Devices) required and/or provided? Yes No
10. What are the age restrictions for participants: _____
11. Please list any boating education courses completed by applicant/guide: _____

12. Boats:

Boat	Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Registration #	Hull I.D. Number
1	_____	_____	_____	_____	_____	_____	_____
Power: <input type="checkbox"/> Inboard, <input type="checkbox"/> Inboard/Outdrive, <input type="checkbox"/> Outboard, <input type="checkbox"/> Sail, <input type="checkbox"/> Waterjet Type of Hull: <input type="checkbox"/> Cabin Cruiser, <input type="checkbox"/> Houseboat, <input type="checkbox"/> Open Cockpit, <input type="checkbox"/> Sailboat, <input type="checkbox"/> Other: _____							

Boat	Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Registration #	Hull I.D. Number
2	_____	_____	_____	_____	_____	_____	_____
Power: <input type="checkbox"/> Inboard, <input type="checkbox"/> Inboard/Outdrive, <input type="checkbox"/> Outboard, <input type="checkbox"/> Sail, <input type="checkbox"/> Waterjet Type of Hull: <input type="checkbox"/> Cabin Cruiser, <input type="checkbox"/> Houseboat, <input type="checkbox"/> Open Cockpit, <input type="checkbox"/> Sailboat, <input type="checkbox"/> Other: _____							

Boat	Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Registration #	Hull I.D. Number
3	_____	_____	_____	_____	_____	_____	_____
Power: <input type="checkbox"/> Inboard, <input type="checkbox"/> Inboard/Outdrive, <input type="checkbox"/> Outboard, <input type="checkbox"/> Sail, <input type="checkbox"/> Waterjet Type of Hull: <input type="checkbox"/> Cabin Cruiser, <input type="checkbox"/> Houseboat, <input type="checkbox"/> Open Cockpit, <input type="checkbox"/> Sailboat, <input type="checkbox"/> Other: _____							

***If more than three boats, please indicate on separate piece of paper.**

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____