## **Movie Boat Application**

Contact Information			
Name of Company / Organization:			
Entity Type:			
Street Address:			
City:			
State & Zip:			
Contact Person:			
Phone:			
Fax:			
Email:			
Qualification Questions			
Is coverage required outside of the U.S	☐ Yes	☐ No	
Does the following apply to any vessels	☐ Yes	☐ No	
Vessel used within 50 miles of attachme	☐ Yes	☐ No	
Vessel used out of water?	☐ Yes	☐ No	
Other vessels to be towed?		☐ Yes	☐ No
Is there water-skiing?		☐ Yes	☐ No
Are there any stunts?	☐ Yes	☐ No	
Any prior production with any losses of	☐ Yes	□No	
Production Details			
Type of Production			
Title of Production			
Budget (Gross Production Cost)			
Brief Description/Synopsis of Shoot			
Cities & States of Shooting Locations			
Coverage Dates of the Production			

## **Movie Boat Application**

## **Coverage Options (Complete for each Vessel)**

Vessel Details					
Name:			Registration #		
Year:			Length:		
Market Value:					
Type:		Builder:			
Vessel Use					
Dates of Use:					
Use	# Vessel Cr	ew	#Production C	rew	# Days
Operating					
Dockside					
Place of Attachment:					
Locations Used:					
Navigation area to be Us					
Vessel Owner					
Name of Company / Org	anization:				
Street Address:					
City, State & Zip:					
Contact Person:					
Phone:					
Fax:					
Owner Named as:	☐ Additional Insured / ☐ Loss Payee				
Coverages					
Hull & Machinery				☐ Yes	□ No
Protection & Indemnity				1,000,000	10,000,000
Wharfinger's Liability				1,000,000	10,000,000
Towers Liability				1,000,000	10,000,000
Charterer's Liability				1,000,000	10,000,000
Signature:		Date:			