



WATERCRAFT QUESTIONNAIRE

Applicant (Insured): _____ Name of Vessel: _____

Declared Production: _____

Hull Coverage: Yes No Operating _____

P&I Coverage: Yes No Dockside _____

Registry or Documentation No.: _____

Date(s) Vessel to be used: _____ No. of Days: _____

Vessels Legal Owner: _____

Address: _____ Phone No. _____

Contact: _____ Phone No. _____

Year of Vessel: _____ Length of Vessel: _____ Value of Vessel: _____

Vessel Make & Type: _____ Beam Width: _____

Where is Vessel Docked? _____

Is this a "Report to Location" deal for the use of the vessel? Yes No

How many on board, at any one time? _____ Film Crew: _____ Vessel Crew: _____

Name of person who will pilot the vessel _____

Name of owner or suppliers insurance broker: _____

Contact (Agency) _____ Phone: _____

Address _____

Will vessel be operated under its own power during filming? Yes No

Description of how the vessel will be used (please be specific) _____

Any water-skiing? Yes No Any stunts? Yes No

Other vehicles to be towed? _____

Any vessel to be used out of the water? _____

In what condition is this vessel?:

Hull/Outside paint, scrapes, etc.	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Interior wear & tear, mars & burns	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Decks scrapes, wear & tear	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Engine/transmission, trial run	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Equipment/weathered, damaged	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____