

GROSS RECEIPTS SECTION

Actual Total Receipts for Prior 12 Months: \$

Estimated Total Receipts for Next 12 Months: \$

SUP Lessons, Instruction \$

Rental Receipts: \$

Stand Up Paddle Rental \$

Surfboard Rental \$

Boogie Board Rental \$

Other, Describe: \$

Retail Operations \$

Other Revenue (Describe): \$

1. Do you require participants to sign a liability waiver? Yes No
2. How many years have you been operating? Years
 If you are a new venture, how many years of prior experience? Years
3. Are any operations conducted outside of the United States? Yes No
4. Do you hire guides as sub-contractors? Yes No
 If yes, do you obtain proof of insurance? Yes No
5. Do you operate year round? Yes No
 If no, how many months do you operate?

Instructor / Guide Information N/A

Name	Age	Years Experience	First Aid Qualification	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

WATERCRAFT LIABILITY INFORMATION: N/A

Boat Schedule (If necessary please utilize another sheet and attach to application)

Year	Make / Model	Length	Horse Power (HP)	OB/IB/IO	# of Passenger	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

WATERCRAFT GENERAL INFORMATION **N/A**

- | | | | | |
|----------------------------------------------------------------------------------------|--------------|---------------|-----------------------|---------------------|
| 1. What type of operation do you have?
Other: | Boat Rentals | Fishing Trips | Tube or Canoe Rentals | Hunting |
| 2. On what bodies of water does use take place?
If rivers, what classes are boated: | Rivers | Lakes | Ocean | Bays / Inlets |
| | Class I | Class II | Class III | Class IV Class V |
| 3. Are life vests (PFD's) required? | | | | Yes No |
| 4. Are life vests (PFD's) provided? | | | | Yes No |
| 5. Do you do any Waterskiing? | | | | Yes No |

ADDITIONAL INSURED *If necessary use another form.*

Name	Complete Address	Interest

LOSS HISTORY

Do you have knowledge of any incident which may lead to a claim? Yes No

Fraud Prevention – General Warning

NOTICE: ANY PERSON WHO KNOWINGLY, OR KNOWINGLY ASSISTS ANOTHER, FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD AN INSURANCE COMPANY MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

Insured Signature:

Date:

Printed Name:

Agency Contact Name: