

VESSEL QUESTIONNAIRE – please complete one per vessel

Business Name and Address: _____

Vessel carrying passengers other than your employees:

Year, Make and Model/Ft: _____

Serial Number: _____

Vessel Value (actual cash value): _____

Full Name vessel is registered to: _____

Maximum number of passenger as declared on capacity plate: _____

Max # of Passengers on capacity plate		Indemnity per Person	Total Passenger limit required
	x	\$250,000	

Please provide a brief description of reason(s) for carrying non-employed staff:

Frequency of carrying non-employed staffed (daily, weekly, monthly etc):

Date: _____

Print Name: _____

Title: _____