MARINE – Commercial Use - Supplemental Application

*This supplemental application is to be used in conjunction with Marine Application.*

 Applicant Name:

Existing Policy Number:

Vessel - Year:       Length:       Manufacturer:

Will the Applicant be the only operator during commercial use? [ ]  Yes [ ]  No

Will employees operate the Insured Vessel? [ ]  Yes [ ]  No

Please describe nature of the commercial use:

How many commercial trips per year?

Will there be any carrying of passengers or goods for compensation? [ ]  Yes [ ]  No

 If yes, annual gross revenue:

Will there be any food or alcohol provided to passengers? [ ]  Yes [ ]  No

Will anything be towed behind the Vessel? [ ]  Yes [ ]  No

 If yes, describe:

**PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.

The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED WRITTEN CONFIRMATION OF COVERAGE.

Signature of Applicant(s):       Date: