



214 Key Drive, Suite 2000  
 Madison, MS 39110  
 Phone: 866-386-4136  
 Fax: 601-898-4793  
 Email: cs@continentalbrokers.biz

# Boats (Other Than Fishing) Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

1. What is the purpose of the trip? \_\_\_\_\_
2. What is the length of the trip:  Hourly,  Half Day,  Full Day,  Overnight
3. On what bodies of water does boating take place?  Rivers,  Lakes,  Bays/Inlets,  Other: \_\_\_\_\_
4. What classes of rivers are navigated?  Class I,  Class II,  Class III,  Class IV,  Class V,  Class VI
5. Maximum number of passengers allowed on each boat: \_\_\_\_\_
6. Ratio of guides: \_\_\_\_\_ to guests: \_\_\_\_\_
7. Do you follow a safety program or set of guidelines? (If yes, please provide a copy.)  Yes  No
8. Describe emergency plan: \_\_\_\_\_
9. Are coast guard approved life vests (Personal Floatation Devices)  required and/or  provided?  Yes  No
10. What are the age restrictions for participants: \_\_\_\_\_
11. Please list any boating education courses completed by applicant/guide: \_\_\_\_\_

12. Boats:

Boat 1	Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Registration #	Hull I.D. Number
1	_____	_____	_____	_____	_____	_____	_____

Power:  Inboard,  Inboard/Outdrive,  Outboard,  Sail,  Waterjet  
 Type of Hull:  Cabin Cruiser,  Houseboat,  Open Cockpit,  Sailboat,  Other: \_\_\_\_\_

Boat 2	Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Registration #	Hull I.D. Number
2	_____	_____	_____	_____	_____	_____	_____

Power:  Inboard,  Inboard/Outdrive,  Outboard,  Sail,  Waterjet  
 Type of Hull:  Cabin Cruiser,  Houseboat,  Open Cockpit,  Sailboat,  Other: \_\_\_\_\_

Boat 3	Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Registration #	Hull I.D. Number
3	_____	_____	_____	_____	_____	_____	_____

Power:  Inboard,  Inboard/Outdrive,  Outboard,  Sail,  Waterjet  
 Type of Hull:  Cabin Cruiser,  Houseboat,  Open Cockpit,  Sailboat,  Other: \_\_\_\_\_

\*If more than three boats, please indicate on separate piece of paper.

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.  
 This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature	Date
Agency Name: _____	Agency Phone Number: _____