

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

WATERCRAFT RENTAL SUPPLEMENT

Applicant's Business Name: _____ Federal Tax ID#: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Is applicant owner or lessee of premises? Yes No
Is this a new operation? Yes No Number of years in Business: _____

GENERAL INFORMATION:

Limit of Liability Required: \$100,000 \$300,000 \$500,000 \$1,000,000
Gross Receipts last season: \$ _____ Estimated this season: \$ _____
Effective Dates Requested: _____ to _____
Prior Carrier: _____ Prior Premium: \$ _____
Length of Season: _____ Operating Hours: _____
Is there a Safety Program in effect? Yes No If yes, please attach a copy or describe: _____

Is there a Safety Training of employees? Yes No If yes, please attach a copy or describe: _____

Where is business operated from: Beach Marina Offshore Platform
Body of water? Private Lake Protected Bay Area River Inter coastal Ocean
Number of employees: _____ Minimum age: _____ Average length of service: _____
What sources are used to select employees? _____

Do any employees hold any special licenses or certificates? Please describe: _____

Please list Safety features: _____

Age requirement for patrons: _____ How and where are rules of conduct displayed? _____

COVERAGES: (Attach Schedule of Equipment)

- Personal watercraft rentals
- Houseboat rentals
- Inboard/Outboard rentals
- Other (Describe): _____
- Windsurf rentals
- Parasailing
- Other watersport activities
- Bareboat charters
- Pontoon rentals

Additional Insured:

Name and Address: _____ Interest: _____

Loss Information:

<u>Year</u>	<u>Total # of Claims</u>	<u>Total Paid</u>	<u>Total Expenses</u>	<u>Total Reserves</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list names and addresses of regulatory or licensing authorities requiring filings and indicate your filing identification number in the space provided. If a specific form is to be used for filing, please submit with supplement.

NAMES & ADDRESSES:

FILING IDENTIFICATION NUMBER:

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed