



PARASAIL SUPPLEMENTAL APPLICATION

Legal Name: _____
dba: _____

Principal(s) / Owners(s): _____

Operating Location(s): _____

How long have you operated this business under the current name? _____
(if less than 3 years, provide resumes for all owners and captains).

Has the applicant/affiliated companies been involved in bankruptcy proceeding?
Yes ___ No ___ (If yes, please provide details on a separate sheet)

Please provide a description (full details) of the operations to be insured. Include description of navigation area (where do you operate & how far from shore), operating season:

Are the operations subject to an independent safety audit? Yes ___ No ___
(USCG, Insurance Inspection, etc...) If yes, please provide who conducted the audit, when conducted, and the results/recommendations.

Are the operations run in compliance with ASTM, USCG, FAA & WSIA standards?
Yes ___ No ___ If no, explain: _____

Gross Receipts for expiring policy period: _____
Gross Receipts (projected) for policy period: _____

Captain / Crew Information:

Name	Position	License	Date Hired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach schedule if additional space required.

Please provide details regarding any pre-employment programs for new hires:

Is the program applied to all new hires? Yes ___ No ___ If no please explain:

Are employees screened for history relating to sexual abuse or molestation allegations?

Yes ___ No ___ Please explain: _____

In addition to the captain, how many crew are on board each vessel when operating?

Describe safety briefing for flyers? _____

Are signed waivers required from all passengers prior to boarding? Yes ___ No ___

How much time is allowed for safety briefing and review of waiver? _____

Are passengers and crew required to wear Life Vests on the boat(s) as required by Coast Guard and or Local regulations? Yes ___ No ___ If no please explain _____

Maximum Line Length? _____

Do you cut and save line cuts? Yes ___ No ___ Estimated line cuts per month? _____

Maximum # of passengers in flight at one time? _____

Please describe the Chute, Tow Yoke & Harnessing equipment maintenance program?

Please describe the Line & Winch maintenance program? _____

Do you maintain daily inspection logs? Yes ___ No ___

What does log include? _____



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Vessel Information: (Complete for Each Vessel to be Insured)

	Year	Vessel Name	Manufacturer / Model	Vessel Use	Hull Serial #	Length	# of Pass.	Hull Value
1)								
2)								
3)								
4)								

Vessel Use: P = Parasail, S = Shuttle, T = Tour / Sight Seeing, if other - explain

Please describe the vessel and related equipment maintenance program(s):

Date of last engine overhaul (indicate vessel #) : _____

Describe any major work/refurbishments done: _____

Do you use Shuttle boats? If yes, describe pickup location and transfer procedures:

What is done to secure vessel(s) if under threat of Tropical Storm or Hurricane?

Please provide address of safe harbor storage location.

Applicant Name: _____ **Title:** _____

Applicant Signature: _____ **Date:** _____

Producer Signature: _____ **Date:** _____

**A minimum of 3 years loss history required, Acord 125 & 126,
Copy of Waiver, Photos of Vessel & Current Safety Audit
Must accompany this application.**