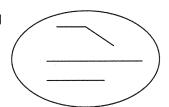
MLA Non-Profit Boat Protection Cooperative, Ltd.

Quest Management Services Limited F.B. Perry Building



P.O. Box HM 2062 40 Church Street Hamilton, HM HX Bermuda

<u>APPLICATION FOR CHARTER OR ANY "FOR -HIRE" ACTIVITY</u>

PLEASE READ THIS FIRST

IMPORTANT INFORMATION ABOUT INSURING YOUR BOAT FOR CHARTERING

- 1) You must purchase a P&I Policy with a minimum coverage limit of \$300,000.00 if this application is to be approved. If you have a P&I Policy but your coverage is not already at least \$300,000.00, it will be automatically increased to \$300,000.00 should this application be approved and your premium will be adjusted accordingly.
- 2) In no event will this application be approved for more than six passengers for hire.
- 3) Federal law requires that you <u>must</u> have a Captain's License commonly called a 'six-pack' license to transport six or fewer passengers for hire.
- 4) A "Persons on Board Other than Crew" endorsement will be issued to you if this application is approved.

YOUR PROTECTION & INDEMNITY POLICY NUMBER:	
NAME OF INSURED OWNER:	
NAME OF OFFICER, MANAGER OR PARTNER IF OWNER LLP:	
NAME OF APPLICANT (IF DIFFERENT THAN ABOVE):	
ADDRESS OF INSURED OWNER:	
TELEPHONE NO.: FAX NO.:	
NAME OF INSURED VESSEL:	
VESSEL REGISTRATION NUMBER:	
PLEASE DESCRIBE IN DETAIL THE NATURE OF THE PROHIRE ACTIVITY, INCLUDING IN YOUR ANSWER ANY EQUIPMENT OF THAT IS NOT OPDINARILY ON BOARD.	

DO YOU NEED TO NAME AN ADDITIONAL INSURED ON YOUR POLICY IN CONNECTION WITH THIS CHARTER ACTIVITY?: Check One: YES NO			
	IF YES, PLEASE FILL OUT THIS SECT	ION:	
	Full Legal Name of Additional Insured:_		
	the above is a corporation, partnership, li company:		
	Address: City/Town	State Zip	
	Telephone:Fax:		
	Email:		
WIT	O ANY INDIVIDUAL OR ENTITY ASK YOU TH THIS CHARTER OR FOR-HIRE ACTIVIT CK One: YES NO	Y?	
WIT	TH THIS CHARTER OR FOR-HIRE ACTIVIT ck One: YES NO		
IS A BY A CER FOR	TH THIS CHARTER OR FOR-HIRE ACTIVIT ck One: YES NO NO IF YES, YOU MUST ATTACH A COPY O APPLICATION.	THE COMPLETE CONTRACT TO THIS RED BY THE FEDERAL GOVERNMENT OR TO HAVE A LICENSE, PERMIT OR ON WITH THE PROPOSED CHARTER OR ow requires all boats transporting six or fewer ain's License, otherwise known as "Operator	
IS A BY A CER FOR pass of U	TH THIS CHARTER OR FOR-HIRE ACTIVITION ON EXAMPLICATION. APPLICANT AND/OR THE VESSEL REQUIRANY APPLICABLE STATE GOVERNMENT RTIFICATE OF INSPECTION IN CONNECTION OF THE ACTIVITY? (Please note: Federal last sengers for hire to have, at a minimum, a Capt	THE COMPLETE CONTRACT TO THIS RED BY THE FEDERAL GOVERNMENT OR TO HAVE A LICENSE, PERMIT OR ON WITH THE PROPOSED CHARTER OR ow requires all boats transporting six or fewer ain's License, otherwise known as "Operator	
IS A BY A CER FOR pass of U	TH THIS CHARTER OR FOR-HIRE ACTIVITICK One: YES NO IF YES, YOU MUST ATTACH A COPY OF APPLICATION. APPLICANT AND/OR THE VESSEL REQUIRED ANY APPLICABLE STATE GOVERNMENT RIFICATE OF INSPECTION IN CONNECTION R-HIRE ACTIVITY? (Please note: Federal last sengers for hire to have, at a minimum, a Capt Uninspected Passenger Vessel" or "6-Pack" lick One: YES NO	THE COMPLETE CONTRACT TO THIS RED BY THE FEDERAL GOVERNMENT OR TO HAVE A LICENSE, PERMIT OR ON WITH THE PROPOSED CHARTER OR we requires all boats transporting six or fewer ain's License, otherwise known as "Operator ense; state laws may apply as well.)	

DO YOU SERVE ALCOHOL OR FOOD ON BOARD IN CONNECTION WITH THE CHARTER OR FOR-HIRE ACTIVITY?
Check One: YES NO
HAVE YOU EVER ENGAGED IN THIS TYPE OF CHARTER OR FOR-HIRE ACTIVITY IN THE PAST? Check One: YES NO
IF YES, PLEASE DESCRIBE IN WHAT CAPACITY AND FOR HOW LONG YOU DID SO
·
SIGNATURE:
PRINT NAME:
COMPANY TITLE:
DATE:
Mail or deliver this application to: MLA Fishermen Services Corp.

Mail or deliver this application to: MLA Fishermen Services Corp. Po Box 592 Scituate, MA 02066