

MLA Non-Profit Boat Protection Cooperative, Ltd. (Bermuda)

REQUEST TO EXTEND BEYOND THE POLICY LIMITS

Please print clearly and complete all sections:

Section I - Request to extend beyond 100 Miles from USA coastline

Owners's Name _____ Telephone () _____

Address: _____

Vessel Name: F/V _____ Port: _____

I am requesting that the policy limits from shore be extended to: _____ miles

Reason for requiring this extension: _____

Intended Area _____

Owner's Signature: _____ Date of Application ____ / ____ / ____

Section II - Request to extend the port requirement from 48 hours

Owners's Name _____ Telephone () _____

Address: _____

Vessel Name: F/V _____ Port: _____

I am requesting that the policy limits to return to port be extended to: _____ days

Reason for requiring this extension: _____

Owner's Signature: _____ Date of Application ____ / ____ / ____

Please note that your application does not ensure the waiver of the requested conditions. You must secure a waiver by endorsement and pay the relevant fee if any in order to secure this coverage.

Office Use Only

Date ____ / ____ / ____

Approved

Declined