Paddleboard Application

This is an application for insurance. This is not a binder of insurance.

Named Insured:	FEIN:

Principal Contact:

Mailing Address:

Location Address (Important):

Phone Number: Fax Number: Effective Date: Website: www.

Business Form: Corporation Partnership Individual LLC 501C

Are you a current member of World Paddle Association?

Yes No Are you a current member of PaddleFit?

Yes No

PRIOR CARRIER INFORMATION Insurance Carrier Limits of Liability Premium Last Year Two Years Ago Three Years Ago

ACTIVITY INFORMATION					
Number of Guides Employed			# Guides		
Number of SUP Boards Owned			# of Boards		
Average # of SUP Boards Used at One Time			# of Boards		
Surfboard Rentals	# of Boards	\$	Revenue		
Sea Kayak Rentals	# of Kayaks	\$	Revenue		
Yoga	# of Instructors	\$	Revenue		
**Indicate Yoga on Land or Water					
Retail Operations		\$	Revenue		
Other, describe:		\$	Revenue		



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	GROSS RECEIPTS SECTION		_	
Ac	tual Total Receipts for Prior 12 Months:	\$		
Est	imated Total Receipts for Next 12 Months:	\$		
SU	P Lessons, Instruction	\$		
Rei	ntal Receipts:	\$		
	Stand Up Paddle Rental	\$		
	Surfboard Rental	\$		
	Boogie Board Rental	\$		
	Other, Describe:	\$		
Ret	rail Operations	\$		
Otl	ner Revenue (Describe):			
1.	Do you require participants to sign a liability waiver?	Yes	No	
2.	How long are signed liability waivers kept on file? years. Paper copies? Yes No Electronic methods?	Yes	No	
3.	How many years have you been operating?		Years	
	If you are a new venture, how many years of prior experience?		Years	
4. Are any operations conducted outside of the United States?				
5.	Do you hire guides as sub-contractors?	Yes	No	
	If yes, do you obtain proof of insurance?	Yes	No	
6.	Do you operate year round?	Yes	No	
	If no, how many months do you operate?			

Instructor / Guide Information

N/A

Name	Age	Years Experience	First Aid Qualifi	Qualification	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

WATERCRAFT LIABILITY INFORMATION:

N/A

Boat Schedule (If necessary please utilize another sheet and attach to application)

Year	Make / Model	Length	Horse Power (HP)	OB/IB/IO	# of Passenger	Guideo	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No



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WATERCRAFT GENERAL INFORMATION							ı	N/A	
1.	What type of operation do y Other:	Boat Ren	tals	Fishing Trips	Tube o	r Canoe Rentals	Н	unting	
2.	On what bodies of water do	es use take place?	Rivers	Lakes	Ocean	Bays / I	nlets		
	If rivers, what classes are boo	ated:	Class I	Class II	Class III	Class IV	′ Class V		
3.	Are life vests (PFD's) required	d?						Yes	No
4.	Are life vests (PFD's) provide	d?						Yes	No
5.	Do you do any Waterskiing?							Yes	No
	ADDI	TIONAL INSU	REDS <i>If</i>	necess	ary use an	other	form.		
Na	ame	Complete Address					Interest		
			LOSS H	IISTOR'	Y				
Do you have knowledge of any incident which may lead to a claim?							Yes	No	
		Fraud Pro	evention	– Gener	al Warning				
INC	TICE: ANY PERSON WHO KNOWING OMPLETE OR MISLEADING INFORMA RIME AND MAY BE SUBJECT TO CRIM	ATION FOR THE PURPOSE	OF DEFRAUD	ING OR ATTE	MPTING TO DEFRA				
Ins	ured Signature:				Date:				
Prin	nted Name:								



Agency Contact Name: