

COVERAGES REQUESTED

<i>BASIC COVERAGES</i>	LIMITS
Comprehensive License Defense	Unlimited
Loss of Income:	As declared in questions # 8b or 8d.
Professional Instruments & Equipment (Please attach a list of all items for which coverage is requested.)	\$ 3,000
<i>OPTIONAL COVERAGES</i>	
Civil Legal Defense: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please check coverage limit requested.)	<input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 100,000
Professional/Civil Liability:* <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please check coverage limit requested.)	<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 250,000 <input type="checkbox"/> \$ 500,000
<i>Professional/Civil Liability NOT Available To Those Mariners Involved In Yacht/Recreational Craft Delivery, Some Types of Private Charter Work And/Or On-Water Instruction. All Professional Liability Quotes Released at Underwriter's Discretion.</i>	
Criminal Legal Defense (Oil Pollution Only): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ 25,000
Civil Penalties Legal Defense: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ 10,000
*All applicants for Professional/Civil Liability Coverage must have a minimum limit of \$100,000 Civil Legal Defense Coverage.	

UPON REVIEW AND APPROVAL OF THIS APPLICATION, THE UNDERWRITER WILL CALCULATE AN ANNUAL PREMIUM BASED UPON THE INFORMATION LISTED BY THE APPLICANT HEREIN.

DECLARATION

I hereby warrant that the above particulars and statements are that I have not omitted or misstated any material fact and at the present time I have no reason to anticipate any charges being brought against either me or my United States Coast Guard or State Pilotage License(s) for any intentional or unintentional misconduct or negligence. I agree that this application form shall be relied upon and shall be the basis on which any Certificate of Insurance may be issued by the Company and shall be deemed a part thereof. I understand and agree that failure to disclose or misstatement of any information requested in this Application may result in the Company denying all coverage in the event of a claim.

R. J. MELLUSI CO.

_____/_____/_____
 Producer's Signature (if applicable) Date
29 Broadway, NY NY 10006

_____/_____/_____
 Signature of Applicant Date

 Title
(212) 962-1590

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