THE TEXAS A&M UNIVERSITY SYSTEM BOAT INSURANCE APPLICATION

System Member: ____________________________
Department Name: ____________________________
Department Contact: ____________________________
Phone Number: ____________________________ Fax Number: ____________________________ Email Address: ____________________________

*IF NECESSARY PLEASE ATTACH SEPARATE PAGES TO RESPOND TO EACH QUESTION*

NAME OF VESSEL: ____________________________
FULL DETAILS OF BOAT OPERATIONS: ____________________________

Type and Location of Waters Traveled: ____________________________
Be sure to include any states that are traveled outside of Texas Coastline

Maximum Distance Traveled: (From NEAREST POINT of Land) ____________________________ (You will be charged accordingly)

Details of ALL CONTRACTUAL OBLIGATIONS you might incur as applicable to the insurance:

CREW/OCCUPANTS INFORMATION:
Maximum Number of Crew On Board At One Time: ____________________________
Maximum Number of Occupants, other than Crew, On Board At One Time: ____________________________
According to Manufacturer Specification, Maximum Number of Persons Allowed in Vessel: ____________________________

Are the Crew issued a copy of the Deck Hand Manual? □ Yes □ No

VESSEL OPERATIONS INFORMATION:
Who Operates Vessels? □ Employee □ Student □ Students are required to attend a training course in proper boat operation.
Are any vessels chartered outside the A&M System? □ Yes □ No □ If yes, please explain ____________________________
Do you Tow owned and/or Barges of others? □ Owned □ Others □ Both □ None
If Yes, average/maximum numbers of barges any one tow? ____________________________
If Yes, Types of Vessels towed? □ Petroleum □ Chemical □ Dry Cargo □ Other ____________________________
If Other, please explain: ____________________________

Are we released from liability? □ Yes □ No
Do others Tow your Vessels? □ Yes □ No □ If yes, is Tower Released? □ Yes □ No

REQUIRED ATTACHMENTS □ Schedule of Vessels □ Photos of Vessels □ Other ____________________________

Note: This policy contains exclusions and limitations that need to be addressed according to your needs. Please be specific in providing information regarding your operations on this application in order for us to address all activities performed with your vessels.

AUTHORIZATION: My signature acknowledges request for enrollment in the specified insurance coverage. “I certify that the insurance coverage described above has been requested and that the Department/Organization agrees to pay the expense for this coverage”

Signature of Department Head or Designee ____________________________ Date ____________________________
Signature of Insurance Liaison ____________________________ Date ____________________________

The Texas A&M University System
System Risk Management
301 Tarrow St., 5th Floor
College Station, Texas 77840-7896
Phone 979.458.6330 • Fax 979.458.6247 • Campus Mailstop 1262 www.tamus.edu