



ANM Maritime Solutions Group P.A.  
McGlone Marine Insurance  
PO Box 76040  
St. Petersburg, FL 33734, USA

### Captain Charter Supplementary Sheet

1. Please describe in full the nature of the charters undertaken, including all activities made available to passengers:
  
2. Please advise if this vessel will be used for Diveboat Charter (*commercial purpose of carrying passengers for hire on sport diving excursions; using underwater artificial breathing apparatus and/or submersible mechanical or electrical devise including, but not limited to, Submarines, Diving Bells and/or Diving Suits*):
  
3. Please advise the number of years the assured has been undertaking these charters:  
  
In Total: \_\_\_\_\_ From this location: \_\_\_\_\_
  
4. Please provide your website address, if applicable:
  
5. Do you require any hold harmless from passengers? If so, supply a copy.
  
6. Will you require additional Assured's to be named? If so, supply full name and mailing address for each;

WARNING:

**Any misrepresentation in this captain charter supplementary sheet may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed.**

**Assured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_