

INDIVIDUAL NAMED CAPTAIN AND CREW HEALTH STATEMENT

SUPPLEMENTAL APPLICATION

PROTECTION AND INDEMNITY COVERAGE FORM

It is hereby understood and agreed that the information provided below is true and correct, and is material to “us” in deciding whether to issue a policy to “you”. Further, if such information is false or incomplete, it may constitute a misrepresentation that will:

- a. Permit “us” to modify the terms and conditions of the policy issued to “you” (including without limitation, to exclude any claim arising from or relating to the false or incomplete information); or
- b. Void the policy.

It is further understood and agreed that this supplemental application is part of the policy, if a policy is issued and that all information contained in this application will be relied on in reviewing and interpreting all provisions, exclusions, terms and conditions of the policy.

“You” agree that if the information supplied on or attached to this supplemental application changes between the time this supplemental application is executed and the time that the proposed insurance policy is bound or coverage commenced, “you” will immediately notify “us” in writing of such changes; and “we” fully reserve “our” rights with respect to underwriting acceptance or denial based on such changes. “You” further agree that if a policy is issued, any change in any of the information supplied on or attached to the application that occurs subsequent to the issuance of the policy and prior to any renewal will immediately be reported in writing to “us” and “we” fully reserve our rights with respect to underwriting acceptance or denial based on such changes.

The “insured” must confirm and complete one of the statements below:

I, _____, hereby attest by my signature below, that I have no current, past or preexisting health issues such as, including but not limited to, injuries (broken bones, back injuries, surgeries, etc.), illnesses (other than common cold and flue type) and conditions (seizures, etc.)

I, _____, hereby attest by my signature below, that the following are my current, past and preexisting health issues such as, including but not limited to, injuries (broken bones, back injuries, surgeries, etc.), illnesses (other than common cold and flue type) and conditions (seizures, etc.) which are:

(Named Captain or Crew Signature)

(Date)