



**MOLOKAI TO OAHU CANOE RACES  
INSURANCE COVERAGE FOR ALL PARTICIPANTS**

**SAFETY AND OFFICIAL VESSELS:**

All Safety and Official vessels whose registered owners (individual, not commercial Vessels) are **currently a registered member** of HCRA are automatically covered for Protection & Indemnity Insurance while participating in the Na Wahine O Ke Kai and Molokai Hoe Races. Coverage provided is Liability Insurance only; **HULL COVERAGE IS NOT PROVIDED**

All safety and official vessels whose registered owners **are not members** of HCRA must complete the Official Boat Application, sign a Race Waiver and remit the following fee prior to the race:

Per Safety/Official Vessel:	Charge for One (1) Race:	\$150.00
	Charge for Two (2) Races:	\$225.00

HCRA's insurance provider will provide Protection & Indemnity Insurance for the vessels while participating in the Na Wahine O Ke Kai and Molokai Hoe races. Coverage provided is Liability Insurance only; **HULL COVERAGE IS NOT PROVIDED**

**Deadline Dates for Signed Waivers, Applications and Fees for Na Wahine O Ke Kai:**

**FAX** to Shelly Gilman at 808-263-1153 or deliver in person to Race Committee at registration.

**Deadline Dates for Signed Waivers, Applications and Fees for Molokai Hoe:**

**FAX** to Nazarene Anderson at 866-702-2524 no later than October 1, 2009 or deliver in person to Race Committee at registration.

\*\*\*Race Waivers, Official Boat Applications and Escort Boat Applications are on the Official race web sites: [www.nawahineokekai.com](http://www.nawahineokekai.com) and [www.ohcra.com](http://www.ohcra.com)\*\*\*

Questions regarding the insurance coverages may be directed to Servco Insurance Services to one of the following:

**Barbara Aguilar, Vice-President**  
Business Number: 808-564-2531  
Fax Number: 808-564-2595  
Email Address: [barbaraa@servco.com](mailto:barbaraa@servco.com)

**OR**

**Renee Birgado, Senior Account Manager**  
Business Number: 808-564-2517  
Fax Number: 808-564-2595  
Email Address: [reneeab@servco.com](mailto:reneeab@servco.com)

**HCRA ESCORT BOAT APPLICATION**

**GENERAL INFORMATION**

OWNER OF VESSEL: \_\_\_\_\_

CAPTAIN (IF DIFFERENT FROM OWNER) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

NAME OF VESSEL \_\_\_\_\_

TYPE \_\_\_\_\_

**HULL INFORMATION:**

YEAR BUILT \_\_\_\_\_ OVERALL LENGTH \_\_\_\_\_ HULL MATERIAL \_\_\_\_\_

VESSEL REGISTRATION U.S. \_\_\_\_\_ HA \_\_\_\_\_ STATE \_\_\_\_\_

**CREW AND PASSENGER INFORMATION**

NAMES, EXPERIENCE AND LICENSES OF OPERATORS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL NUMBER OF CREW (INCLUDING CAPTAIN) \_\_\_\_\_

MAXIMUM # OF PASSENGERS (HCRA Officials or Other): \_\_\_\_\_

**\*\*Passengers on Escort Vessels must be 18 years or older**

**LOSS INFORMATION (LAST 5 YEARS)**

<u>DATE</u>	<u>NATURE OF LOSS</u>	<u>AMOUNT PAID/OUTSTANDING</u>
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# HCRA "OFFICIAL" BOAT APPLICATION

## GENERAL INFORMATION

ASSURED/OPERATOR \_\_\_\_\_

OWNER (if different) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

NAME OF VESSEL \_\_\_\_\_

TYPE \_\_\_\_\_

## HULL INFORMATION:

YEAR BUILT \_\_\_\_\_

OVERALL LENGTH \_\_\_\_\_

HULL MATERIAL \_\_\_\_\_

VESSEL REGISTRATION \_\_\_\_\_ U.S.                      HA \_\_\_\_\_ STATE

## CREW AND PASSENGER INFORMATION

NAMES, EXPERIENCE AND LICENSES OF OPERATORS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL NUMBER OF CREW (INCLUDING CAPTAIN) \_\_\_\_\_

MAXIMUM NUMBER OF PASSENGERS (HCRA Officials or other) \_\_\_\_\_

## LOSS INFORMATION (LAST 5 YEARS)

DATE  
PAID/OUTSTANDING

NATURE OF LOSS

AMOUNT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COVERAGE**

HULL AND MACHINERY

NOT PROVIDED BY HCRA/INSURERS

PROTECTION AND INDEMNITY (including Primary Collision Liability)

PROVIDED BY HCRA INSURERS

LIMIT OF LIABILITY: \$1,000,000

Deductible: \$2,500

POLLUTION LIABILITY

NOT PROVIDED BY HCRA/INSURERS

**PARTICIPATION**

Will serve as 'official' boat for Women's Molokai to Oahu Race ? \_\_\_\_\_yes/no

Will serve as 'official' boat for Men's Molokai to Oahu Race? \_\_\_\_\_yes/no

Will serve as 'official' boat for both races? \_\_\_\_\_yes/no

I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that underwriters shall rely upon the information and representations listed above heavily in determining the acceptability of coverage. It is further understood that any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any.

ASSURED/OWNER \_\_\_\_\_

DATE \_\_\_\_\_