



FOR-HIRE INSURANCE VERIFICATION CERTIFICATE PROGRAM APPLICATION

☐ NEW APPLICATION - \$25

☐ RENEWAL/UPDATED APPLICATION - \$25

To avoid delays processing this application, please send **all** of the following to the address below :

☐ DPR 857A (all pages) completed and signed

☐ \$25.00 Check / money order payable to "DEPARTMENT OF PARKS AND RECREATION"

☐ Insurance Accord Page

Send to: Department of Parks and Recreation
Boating Safety Unit, Floor 12
Attn: For-Hire Insurance Verification Certificate Program
P.O. Box 942896
Sacramento, CA 94296-0001

BUSINESS TYPE

☐ INDIVIDUAL

NAME (First, Middle, Last)

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐

LIMITED PARTNERSHIP

NAME (Show Exact Name)

☐ GENERAL PARTNERSHIP (List all partners - use additional sheet if necessary)

NAME (First, Middle, Last)

NAME (First, Middle, Last)

NAME (First, Middle, Last)

NAME (First, Middle, Last)

NAME (First, Middle, Last)

OPERATOR'S USCG CAPTAIN'S LICENSE INFORMATION OR FOR-HIRE LICENSE INFORMATION

TYPE OF CREDENTIAL

NAME AND REFERENCE NO./LICENSE NO.

GENERAL INFORMATION

DOING BUSINESS AS (DBA)

PHYSICAL ADDRESS (No P.O. Boxes) (Number and Street, City, State, Zip Code)

MAILING ADDRESS (If different than physical address)

CONTACT PHONE NO. (Including Area Code)

CONTACT E-MAIL ADDRESS

FOR-HIRE INSURANCE VERIFICATION CERTIFICATE PROGRAM APPLICATION

Continued

DECLARATION OF VESSELS USED (FOR-HIRE OPERATION)

COMPANY NAME

☐ NEW DECLARATION

☐ RENEWAL / UPDATE DECLARATION

NAME OF INDIVIDUAL AUTHORIZED TO SIGN

TITLE

PHONE NUMBER (w/Area Code)

I certify that I am either (1) an executive officer, managing member or partner of a corporation and/or a Limited Liability Company or Limited Partnership who is in good standing with the Secretary of State and I am authorized to act on its behalf, or (2) a partner of a general partnership authorized to act on its behalf, or (3) the owner, if an individual.

I further certify that the following information sets forth the passenger seating capacity of each type of vessel in for-hire vessel operation by this corporation, Limited Liability Company, Limited Partnership, general partnership, or by me if an individual.

I am attaching evidence of sufficient insurance coverage for the passenger capacities and vessels which will be used in this for-hire vessel operation in accordance with the table listed in the Public Utilities Commission (PUC) General Order 121-A.

I understand that at any time the passenger seating capacity of any such vessel is increased to a point where the insurance protection required by PUC General Order 121-A series is inadequate, and/or if a new vessel is acquired for for-hire operation, a new DPR 857A (this form) along with evidence of additional coverage shall be filed with the Department of Parks and Recreation.

COMMERCIAL FOR-HIRE VESSEL INFORMATION

MARINA NAME(S)

CITY WHERE BERTHED

VESSEL NAME	TYPE OF VESSEL	VESSEL IDENTIFICATION NUMBER	PASSENGER SEATING CAPACITY

CERTIFICATION

I certify under penalty of perjury to the certification statements above, and that I have read, understand and agree to the contents of this declaration and that the information I have provided on the form is true and correct to the best of my knowledge and belief.

►

SIGNATURE

PRINTED NAME

DATE



FOR-HIRE INSURANCE VERIFICATION CERTIFICATE
PROGRAM APPLICATION - *Continued*
FOR-HIRE VESSEL CARRIER CERTIFICATE OF INSURANCE

This is to certify that the following underwriters, each for its indicated percentage:

Name of Insurance Company

Percentages Insured

_____	_____
_____	_____
_____	_____
_____	_____

have issued to (Name of Insured): _____

of (Address of Insured): _____

a policy of: _____

covering the following vessels, each separately insured with the following limits of liability and deductible or franchise:

VESSEL AND COVERAGE INFORMATION - (INDICATE IF EXCESS)				
VESSEL NAME(S)	PASSENGER SEATING CAPACITY	LIMITS OF LIABILITY	DEDUCTIBLE, NONDEDUCTIBLE, OR FRANCHISE	TYPES OF SERVICES OFFERED

CERTIFICATION

This Certificate is provided to evidence compliance by the insured with General Order 121 Series of the Public Utilities Commission of the State of California as respects the above-named vessels to the extent of the coverages and limits indicated above. Whenever requested by the Department of Parks and Recreation (DPR), the undersigned companies agree to furnish a full and correct copy of said policy, with all endorsements thereon.

This certificate and the insurance evidenced hereby may not be cancelled, except by the expiration of the term for which it is written, until the companies shall have given thirty (30) days notice in writing to DPR at its office in Sacramento, California, said thirty (30) days to commence to run from the date notice is actually received in the DPR office (CA Parks and Recreation, DBW - 12th Floor, PO Box 942896, Sacramento, CA 94296-0001).

POLICY NO.: _____ Effective from: _____ to _____ as stated in said policy.

(Company)

(Company)

(SIGNATURE OF AUTHORIZED AGENT OR BROKER)

(SIGNATURE OF AUTHORIZED AGENT OR BROKER)