



# University of California, Santa Barbara Report of Vessel Charter

## INSTRUCTIONS

Use the *Report of Vessel Charter* form to initiate the approval process for a vessel charter. Submit completed form to UCSB Risk Management. See [Fact Sheet - Vessel Charters](#) for additional information about University of California requirements for boat charters.

## DEPARTMENT

Date of Report: \_\_\_\_\_ Campus: **SANTA BARBARA** UCSB P.O. No. (attach copy): \_\_\_\_\_

Department: \_\_\_\_\_ Dept. Account No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

## TRIP INFORMATION

Date(s) of Charter: \_\_\_\_\_ Time(s) of Charter: \_\_\_\_\_

Number of Passengers: UC Employees: \_\_ Students: \_\_ Other Invitees: \_\_\_\_ Is this an exclusive UC charter?  Yes  No

If no, explain: \_\_\_\_\_

Sponsoring UC Employee: \_\_\_\_\_ Ph: \_\_\_\_\_ Class Name & No: \_\_\_\_\_

Charter Itinerary (use attachment if necessary): \_\_\_\_\_

## VESSEL INFORMATION

Name of Vessel: \_\_\_\_\_ Value of Vessel: \$ \_\_\_\_\_ Age of Vessel: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Address: \_\_\_\_\_

Operator Ph: \_\_\_\_\_ FAX No: \_\_\_\_\_ Vessel Construction (material): \_\_\_\_\_

Safety Equipment on Board: \_\_\_\_\_

Name of Licenced Skipper: \_\_\_\_\_ License No: \_\_\_\_\_

Experience of Crew (describe in years): \_\_\_\_\_

Navigational Limits: \_\_\_\_\_

Passenger Capacity: \_\_\_\_ Number of crew: \_\_\_\_ Crew provided by:  Owner  Other (if other, OP Risk Servs. approval required)

## VESSEL INSURANCE

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Marine Insur. Carrier: \_\_\_\_\_

Policy No: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Limits\$ \_\_\_\_\_

Minimum *Protection & Indemnity w/Collision Liability* Insurance Limits per UC Business & Finance Bulletin BUS-63:

### Commercial Watercraft

1 - 10 Passengers:	\$5,000,000 csl
10+ Passengers:	\$10,000,000 csl
23+ Passengers:	\$15,000,000 csl

### Private Watercraft

Not Exceeding 30'	\$500,000 csl
Exceeding 30'	\$1,000,000 csl

Regents to be named Additional Insured

IMPORTANT: ATTACH VESSEL CERTIFICATE OF INSURANCE

## REVIEW & APPROVAL

Department Control Point: \_\_\_\_\_ Date: \_\_\_\_\_

UCSB Purchasing Department: \_\_\_\_\_ Date: \_\_\_\_\_

UCSB Risk Management: \_\_\_\_\_ Date: \_\_\_\_\_

OP Risk Services (if required): \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACH DOCUMENTATION

Certificate of Insurance (req'd)

Current Marine Survey

Purchase Order & PO Requisition (req'd)

U.S. Coast Guard Inspection Report (req'd)

Charter Agrmt. (req'd)

Other: \_\_\_\_\_