



## **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   |                            |   |  |   |  |
|   | a policy of:               |   |  |   |  |
| covering the following v  | essels, each               | separately insured with the follow  | ving limits of liabilit                  | y and deductible or franchise:            |  |
|   | VESSEL AN                  | ID COVERAGE INFORMATION -   | (INDICATE IF EX                          | CESS)                                     |  |
|   | PASSENGER                  |   | DEDUCTIBLE,                              | ·   |  |
| VESSEL NAME(S)  | SEATING<br>CAPACITY        | LIMITS OF LIABILITY   | NONDEDUCTIBLE,<br>OR FRANCHISE           | TYPES OF SERVICES OFFERED                 |  |
| ,   |                            |   |  |   |  |
|   |                            |   |  |   |  |
|   |                            |   |  |   |  |
|   |                            |   |  |   |  |
|   |                            |   |  |   |  |
|   |                            |   |  |   |  |
|   |                            |   |  |   |  |
|   |                            | CERTIFICATION   |  |   |  |
| Utilities Commission of coverages and limits in   | the State of dicated above | nce compliance by the insured wit<br>California as respects the above-<br>re. Whenever requested by the De<br>o furnish a full and correct copy o | named vessels to t<br>epartment of Parks | he extent of the<br>and Recreation (DPR), |  |
| which it is written, until  | the compani                | videnced hereby may not be canc<br>es shall have given thirty (30) day<br>30) days to commence to run fron  | s notice in writing t                    | o DPR at its office in                    |  |
| Return this signed, com   | npleted form               | to: Department of Parks a<br>Boating Safety Unit<br>Attn: For-Hire Insuran<br>P.O. Box 942896<br>Sacramento, CA 9429                              | ce Verification Cert                     | ificate Program                           |  |
| POLICY NO.:   | E1                         | fective from: to  | :  | as stated in said policy.                 |  |
| (Co   | mpany)                     |   | (Company)                                |   |  |
| (SIGNATURE OF AU  | THORIZED AG                | ENT OR BROKER) (SIGNATUR  | RE OF AUTHORIZED A                       | AGENT OR BROKER)                          |  |
| DPR 857C (Rev. 2/2020)(Excel to PDF 2/5/2020)  Checkmark if attaching page with additional vessel or insurance information. |                            |   |  |   |  |