ANNEX A

DESCRIPTION OF MOTORIZED BOATS

Petitioner Name or Legal Entity: _____

Number of boats included: _____ Date of application: _____

	Boat 1	Boat 2	Boat 3	Boat 4
Number of the Embarcación:				
Boat Brand:				
Year of Construction:				
Helmet Number:				
Registration Number:*				
Entry Number (DRNA):*				
Expiration Date (DNER):*				
Length Measurement:				
Sleeve Measurement:				
Draft Measurement:				
Helmet Material:				
Propulsion:				
Fuel:				
Number of Passengers:				
Use of the Boat:				
Permit of Use (DNER):*				
Operational Area:				
Insurance Policy Number:				
Expiration of the Policy:				
Captain Name:				
Bachelor's Degree Number:				

*** If you do not have this information (Registration Number, Tag Number, Expiration Date and Permission of Use) it must be provided to the Company by the Petitioner within thirty (30) days of the date of issuance by the Puerto Rico Department of Natural and Environmental Resources. The use permit issued by the DNER must be in accordance with the area of operation.**

Petitioner Signature _____ Date:_____

ANNEX A.1

DESCRIPTION OF NON-MOTORIZED VESSELS

Name of Petitioner or Legal Entity: _____

Number of non-motorized boats: _____ Date of application:_____

	Navigation Vehicle 1	Navigation Vehicle 2	Navigation Vehicle 3	Navigation Vehicle 4
Type of Boat:				
Boat Brand:				
Year of Construction:				
Hull / serial number:				
Number of users:				
Use of the Boat:				
Operational Area:				
Insurance Policy Number:				
Expiration of the Policy:				
	Navigation Vehicle 5	**Navigation Vehicle 6**	**Navigation Vehicle 7**	**Navigation Vehicle 8**
Type of Boat:				
Boat Brand:				
Year of Construction:				
Hull / serial number:				
Number of users:				
Use of the Boat:				
Operational Area:				
Insurance Policy Number:				
Expiration of the Policy:				
	Navigation Vehicle 9	**Navigation Vehicle 10**	**Navigation Vehicle 11**	**Navigation Vehicle 12**
Type of Boat:				
Boat Brand:				
Year of Construction:				
Hull / serial number:				
Number of users:				
Use of the Boat:				
Operational Area:				
Insurance Policy Number:				
Expiration of the Policy:				

Petitioner Signature _____ Date:_____

ANNEX B

APPLICATION FOR CERTIFICATION OF NAUTICAL TOURISM ACTIVITIES

(Please fill out as many sheets as necessary to include all your services)

Petitioner Name or Legal Entity: _____

Detailed description of the services offered:

	1	2	3
NAME OF TOURIST ACTIVITY AND BOAT			
DESCRIPTION OF THE ACTIVITY			
Minimum Passengers			
Maximum passengers			
PRICE OF THE ACTIVITY AND PRICE VALIDITY			
TOTAL HOURS			
VISITED AREA GEOGRAPHICAL ROUTE			
ACTIVITY INCLUDES: FOOD, DRINKS, ETC (SPECIFY)			
FACILITIES FOR THE DISABLED YES / NO			
TRANSPORTATION LAND INCLUDED YES / NO			

ANNEX C

HOLD HARMLESS AGREEMENT

THIS AGREEMENT IS EFFECTIVE AS OF: _____
DATE

ISSUE BY: _____
COMPANY OR PERSON'S NAME ("OPERATOR")

THE OPERATOR**,** FOR ITSELF, AGENTS, EMPLOYEES, SUCCESSOR ASSIGNS AND AGREES TO AND HOLD HARMLESS THE PUERTO RICO TOURISM COMPANY ("PRTC") FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, AND/OR SUITS WETHER JUDICAL OR EXTRA JUDICIAL FOR ANY CAUSE WHATSOEVER ARISING OUT RELATED TO THE EXECUTION OF THE CERTIFICATION FOR NAUTICAL TOURISM RELATED ACTIVITIES GIVEN BY THE PRTC AND/OR THE OPERATION OF THE NAUTICAL TOURISM BUSINESS MADE OR CAUSED TO BE MADE BY THE OPERATOR, AND ACCORDINGLY, THE OPERATOR SHALL DEFEND THE PRTC FROM SUCH CLAIMS, DEMANDS AND/OR SUITS AND SHALL BEAR ALL THE EXPENSES FOR SUCH DEFENSE.

IN FAVOR OF:

PUERTO RICO TOURISM COMPANY
AND IT'S OFFICERS, AGENTS AND/OR EMPLOYEES.
P.O. BOX 9023960
SAN JUAN, P.R. 00902-3960

_____

Name:

Title: Authorized Representative

AFFIDAVIT NUMBER _____

Sworn and subscribe before me by _____, of legal age, and resident of _____, _____ as _____of_____, a _____ corporation, personally known to me, in _____, _____ this ___ day of_____, 201_.

_____
Notary Public

[If the document is executed outside of Puerto Rico, please attach original County Clerk Certificate attesting to signature and authority of Notary Public to act in such capacity.]