

PRODUCER NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ COVER START DATE: \_\_\_\_\_

## 1. INSURED INFORMATION

a. Owner Name: \_\_\_\_\_  
 b. LLC Name: \_\_\_\_\_  
 c. Date of Birth: \_\_\_\_\_ d. Occupation: \_\_\_\_\_  
 e. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 f. Lien Holder: \_\_\_\_\_  
 g. Additional Insured: \_\_\_\_\_

## 2. VESSEL INFORMATION

a. Vessel Name: \_\_\_\_\_ b. Year: \_\_\_\_\_  
 c. Length: \_\_\_\_\_ d. Manufacturer: \_\_\_\_\_  
 e. Make/Model: \_\_\_\_\_ f. Max Speed: \_\_\_\_\_  Knots  MPH  
 g. Hull Type:  Sailboat  Sportfisher  Catamaran  Motor Yacht  Houseboat  
 Other (describe): \_\_\_\_\_  
 h. Hull Material:  Fiberglass  Kevlar  Wood  Metal  Other: \_\_\_\_\_  
 i. Primary Power:  Sail  Inboard  Outboard  
 j. Hull ID number: \_\_\_\_\_ k. State/Country registration: \_\_\_\_\_  
 l. Vessel Flag: \_\_\_\_\_ m. Date Purchased: \_\_\_\_\_  
 n. Purchase Price: \$ \_\_\_\_\_ o. Present Value: \$ \_\_\_\_\_  
 p. Date of Last Survey: \_\_\_\_\_  
 q. Is the vessel for sale or will it be for sale in the next 12 months?  Yes  No **If yes, asking price:** \$ \_\_\_\_\_

### 2A. ADDITIONAL FEATURES (check all that apply):

- Depth Finder       Anti-Theft       Auto Fire Extinguisher       Life Raft  
 Sat Nav or GPS       Radar       High Water Alarm       EPIRB

### 2B. ENGINE DETAILS

Manufacturer	Engine Serial Number	Horsepower	Year	Fuel Type
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel



**2C. TENDER DETAILS**

- a. Year: \_\_\_\_\_
- b. Model: \_\_\_\_\_
- c. Manufacturer: \_\_\_\_\_
- d. Purchase Price: \$ \_\_\_\_\_
- e. Length: \_\_\_\_\_
- f. Present Value: \$ \_\_\_\_\_

**3. NAVIGATION**

- a. Main Mooring Location:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_
- b. Navigational Requirements (please include bodies of water and radius navigation): \_\_\_\_\_
- c. Will the vessel be laid up?  Yes  No  
**If yes**, dates and location: \_\_\_\_\_

**4. OPERATORS**

**Operator No. 1**

- a. Name: \_\_\_\_\_
- b. Date of Birth: \_\_\_\_\_
- c. Paid Crew?  Yes  No
- d. Experience (number of years and boats operated): \_\_\_\_\_
- e. Boating Qualifications: \_\_\_\_\_
- f. Any Criminal Convictions?  Yes  No  
**If yes**, describe: \_\_\_\_\_
- g. Have you had any type of Maritime loss in the last 10 years?  Yes  No  
**If yes**, explain in detail: \_\_\_\_\_

**Operator No. 2**

- a. Name: \_\_\_\_\_
- b. Date of Birth: \_\_\_\_\_
- c. Paid Crew?  Yes  No
- d. Experience (number of years and boats operated): \_\_\_\_\_
- e. Boating Qualifications: \_\_\_\_\_
- f. Any Criminal Convictions?  Yes  No  
**If yes**, describe: \_\_\_\_\_



g. Have you had any type of Maritime loss in the last 10 years?  Yes  No

If yes, explain in detail:

For additional operators, please include a separate sheet.

**5. CLAIMS INFORMATION**

a. Any claims in the last 10 years?  Yes  No

If yes, describe:

b. Any total loss?  Yes  No

If yes, describe:

c. Has the vessel suffered any damage or undergone repairs in the last 5 years?  Yes  No

If yes, complete the following:

Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Cost of Claim: \$ \_\_\_\_\_

Claim details:

For additional claims, please include a separate sheet.

**6. COVERAGE REQUIRED**

- a. Hull Physical Damage: \$ \_\_\_\_\_
- b. Hull Deductible: \_\_\_\_\_ %
- c. Windstorm Deductible: \_\_\_\_\_ %
- d. Third Party Liability: \$ \_\_\_\_\_
- e. Crew Liability: \$ \_\_\_\_\_
- f. Passenger Liability: \$ \_\_\_\_\_
- g. Tender/Dinghy: \$ \_\_\_\_\_
- h. Uninsured Boaters: \$ \_\_\_\_\_
- i. Medical Payments: \$ \_\_\_\_\_
- j. Personal Property: \$ \_\_\_\_\_
- k. Non-Emergency Towing: \$ \_\_\_\_\_
- l. Trailer: \$ \_\_\_\_\_
- m. Pollution Coverage: \$ \_\_\_\_\_
- n. Breach of Warranty: \$ \_\_\_\_\_
- o. Other (please specify): \$ \_\_\_\_\_

**7. GENERAL INFORMATION**

a. Is the vessel used for fare paying passengers?  Yes  No  
**If yes**, complete the following:  
Number of passengers per trip: Maximum: \_\_\_\_\_ Average: \_\_\_\_\_  
Number of trips per year: Maximum: \_\_\_\_\_ Average: \_\_\_\_\_

b. Is the vessel chartered to others with a captain?  Yes  No

c. Is the vessel chartered to others without a captain?  Yes  No

d. Does the applicant employ a paid crew?  Yes  No  
**If yes**, how many? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

e. Is this vessel used for waterskiing or diveboat charter?  Yes  No  
**If yes**, provide details:

f. Is the vessel used for any other commercial or business purposes?  Yes  No  
**If yes**, provide details:

g. Will this vessel be operated single handedly and/or at night?  Yes  No  
**If yes**, describe when, where and how often:

h. Does anyone reside aboard the vessel full time?  Yes  No

i. Will this vessel participate in any races, rallies, or speed trials during this policy period?  Yes  No

j. Was any insurance declined, cancelled or non-renewed in the last 5 years?  Yes  No  
**If yes**, provide details:

**8. SIGNATURE PANEL**

**IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.**

I/we hereby declare that the statements and particulars in this application are true and I/we agree that this application shall be the basis of the contract with the insurance company.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Typed or printed name: \_\_\_\_\_

Title: \_\_\_\_\_