



BOAT APPLICATION

Date _____ Exp. Prem. _____
 Your Fax Number _____ Exp. Effective Date _____
 Your Email _____ Agency _____
 Producer Name _____

******PLEASE FILL OUT COMPLETELY AND SIGN TO RECEIVE QUOTE******

YACHT OWNER

Name _____ DOB ____/____/____
 Address _____ City _____ State _____ ZIP _____
 Occupation _____
 Seamanship Course? Yes No Losses _____
 Drivers License # _____ Drivers License State _____

If other operators, please complete separate resume of personal boating experience.

MOORING DETAILS

Name of In-Season Marina or Other Location _____
 Address _____ City _____ State _____ ZIP _____

STORAGE DETAILS

Name of Storage Marina or Other Location _____
 Address _____ City _____ State _____ ZIP _____

YACHT

Year _____ Make _____ Model _____
 Length _____ H.P. _____ Max Speed _____ Hull ID _____ Fuel: Gas Diesel
 Fiberglass Aluminum Steel Wood Engine Drive Type: I/O I/B O/B Jet
 Yacht Type: Bass Boat Pontoon Cruiser Center Console Other: _____
 VFH: Depth Finder Radar Loran/GPS Marine Compass
 # of Engines _____ Engine Manufacturer _____ Serial # _____
 Purchase Date ____/____/____ Purchase Price \$ _____
 Intended Use: Private Pleasure Charter (Must complete pg. 3) Fishing Guide Commercial Live Aboard
 Navigational Area _____ Lay Up Dates ____/____ to ____/____

INSURANCE COVERAGE

Hull Value \$ _____ Liability Limits: \$100,000 \$300,000 \$500,000 \$1 Million
 Trailer Value \$ _____ Dinghy Value \$ _____ Fishing Equipment \$ _____
 Medical Payments (\$1,000 Included) _____
 Other _____

Resumé of Personal Boating Experience

Please complete for each operator.

1. Name of Operator _____

Address _____

City _____ State _____ ZIP _____

2. Drivers of License Number _____ State _____

3. DOB ___/___/___ Marital Status _____

4. Occupation _____

5. Years of General Boating Experience _____ 6. Years of Titled Boat Ownership _____

7. Prior Boats You Have Owned AND/OR Operated: COMPLETE ALL CATEGORIES

Year	Length	Manufacturer	Model (CAT)	Dates Operated (from year)	Dates Operated (to year)

8. List all waters or areas you have navigated: (Atlantic, Great Lakes, Bays, Bahamas, Caribbean, etc.)

9. List Licenses, Boating Courses, Boating Education Classes, etc. completed (if none, write "none")

10. List all marine insurance claims and/or prior marine loss history in past 5 years (if none, write "none")

Date of loss _____ Loss Description _____

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I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature of Insured: _____ Date: _____

Signature of Agent: _____ Date: _____

Charter Operations

1. Days per year this vessel is chartered? _____ 2. Maximum number of passengers per trip? _____

3. Do you employ crew? Yes No If yes, provide number of crew _____

4. Does anyone live aboard the vessel? Yes No If yes, for how long during the policy period? _____

5. Will the vessel be operated at night? Yes No

6. Was insurance declined, canceled or non-renewed in the last 5 years? Yes No

If yes, provide details _____

7. Will the vessel participate in races, regattas, rallys, or speed trials? Yes No

8. Is this vessel chartered to others without a captain? Yes No

9. Have you or any named operator been involved in a loss in the last 5 years? (insured or not) Yes No

If yes, provide details _____

10. Have you or any names operator been convicted of a criminal offence or pleaded no contest to a criminal action? Yes No

**ALL OPERATORS MUST BE DETAILED – IF THERE ARE MORE THAN TWO OPERATORS
PLEASE REQUEST ADDITIONAL OPERATOR SHEETS**

Charter Operations

Operator No. 1

Full Name: _____

Date of Birth (mm/dd/yy): _____

Violations/Suspensions (including Auto) in the last 5 years: _____

Years of Boat Ownership: _____

Years of Boating Experience: _____

Vessels previously owned or operated. Provide length and manufacture: _____

Have you been involved in a Loss in the last 5 years? If YES, please give details and amounts paid:

Have you ever been convicted of a criminal offence or pled no contest? If YES, please give details

Operator No. 2

Full Name: _____

Date of Birth (mm/dd/yy): _____

Violations/Suspensions (including Auto) in the last 5 years: _____

Years of Boat Ownership: _____

Years of Boating Experience: _____

Vessels previously owned or operated. Provide length and manufacture: _____

Have you been involved in a Loss in the last 5 years? If YES, please give details and amounts paid:

Have you ever been convicted of a criminal offence or pled no contest? If YES, please give details

I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature of Insured: _____ Date: _____

Signature of Agent: _____ Date: _____