

MARINE INSURANCE APPLICATION

REQUESTED POLICY TYPE (select one)



<input type="checkbox"/> Yachtsman® Policy (Agreed Value for vessels 27' and greater) <input type="checkbox"/> Departure Yacht Policy® (ACV for vessels 27' and greater) <input type="checkbox"/> Charter Policy (Agreed Value)	<input type="checkbox"/> Boatsman® Policy (Agreed Value for vessels less than 27') <input type="checkbox"/> High Performance Program SM (ACV) <input type="checkbox"/> Departure Charter SM Policy (ACV)
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INSURED INFORMATION

Contract ID:

POLICY TO BE ISSUED IN THE NAME OF:			NAME OF BENEFICIAL OWNER (IF DIFFERENT) / ADDITIONAL OWNER		
RESIDENCE ADDRESS			RESIDENCE ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN	PRIMARY OWNER'S EMAIL	PRIMARY OWNER'S MARITAL STATUS	PRIMARY OWNER'S HOME OWNERSHIP/RESIDENCE STATUS Select One		
PRIMARY OWNER'S PHONE NUMBER	PRIMARY OWNER / BENEFICIAL OWNER'S OCCUPATION		PRIMARY OWNER / BENEFICIAL OWNER'S EMPLOYER OR NAME OF OWNED BUSINESS		
DOES PRIMARY OPERATOR HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)		IS THERE A PAID CAPTAIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, ATTACH RESUME)		DOES CAPTAIN HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)	
				TOTAL # OF PAID CREW 0 (INCL. CAPTAIN)	
REGULAR OPERATOR NAME(S)	D/O/B	DRIVER LICENSE # / STATE	BOATING COURSES	#YRS BOATS OWNED	PREVIOUSLY OWNED VESSELS (LENGTH / MAKE / MODEL)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

LOSS & INSURANCE HISTORY

DOES PRIMARY OWNER(S) CURRENTLY HAVE INSURANCE FOR THIS VESSEL? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREVIOUS / CURRENT INSURANCE COMPANY NAME AND PREMIUM:
HAS OWNER EVER HAD INSURANCE CANCELLED, NON-RENEWED OR DECLINED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GIVE COMPANY NAME(S), DATE(S) AND REASON(S):
HAS ANY OWNER OR OPERATOR SUSTAINED ANY MARINE CLAIMS OR LOSSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PROVIDE COMPANY NAMES, DATE(S) OF LOSS/CLAIM, CAUSE AND AMOUNT PAID:
DOES VESSEL HAVE UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES PROVIDE DETAILS:

VESSEL & EQUIPMENT INFORMATION

YEAR BUILT	LENGTH (FEET)	BUILDER/MANUFACTURER	MODEL NAME	VESSEL TYPE Select One
PURCHASE PRICE \$	PURCHASE DATE	HULL ID / DOCUMENTATION #	VESSEL'S NAME	MAXIMUM SPEED (MPH)
HULL MATERIAL Select One		LAST MARINE SURVEY DATE		MAST MATERIAL (IF SAILBOAT) Select One
ENGINE/PROPULSION DRIVE SYSTEM: Select One		# OF ENGINES	TOTAL H.P.	FUEL TYPE Select One
ENGINE MANUFACTURER		YR BUILT	H.P. EACH	ENGINE SERIAL NUMBERS (OUTBOARD ONLY)

Named Insured:	Contract ID:
EQUIPMENT (check all that apply)	
<input type="checkbox"/> Built-in Auto Fire Extinguishing System	<input type="checkbox"/> Fume Detector

<input type="checkbox"/> Carbon Monoxide Detector		<input type="checkbox"/> Alarm/Monitoring System:											
(MANUFACTURER/MODEL/TYPE)													
TRAILER MANUFACTURER NA	YEAR BUILT	PURCHASE DATE (mm/yy)	TRAILER VALUE \$	TRAILER SERIAL NUMBER									
TENDER/DINGHY COVERAGE OPTIONS													
<input type="checkbox"/> Tender/Dinghy Not Scheduled (No Charge): Actual Cash Value and Vessel Hull Deductible Amount applies † †. However, if policy is Yachtsman or Boatsman, then tenders 17 ft or less with motor 40 hp or less are covered with no deductible if loss is confined to tender/motor.													
<input type="checkbox"/> Tender/Dinghy Scheduled (Charge): <table style="width:100%; border: none;"> <tr> <td style="width: 30%;">Deductible Option:</td> <td><input type="checkbox"/> \$250</td> <td><input type="checkbox"/> \$500</td> </tr> <tr> <td>Loss Settlement Option:</td> <td><input type="checkbox"/> Agreed Value</td> <td><input type="checkbox"/> Actual Cash Value</td> </tr> <tr> <td>Tender Value:</td> <td><input type="checkbox"/> Included (in vessel hull limit)</td> <td><input type="checkbox"/> Not Included (in vessel hull limit)</td> </tr> </table>					Deductible Option:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	Loss Settlement Option:	<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Actual Cash Value	Tender Value:	<input type="checkbox"/> Included (in vessel hull limit)	<input type="checkbox"/> Not Included (in vessel hull limit)
Deductible Option:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500											
Loss Settlement Option:	<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Actual Cash Value											
Tender Value:	<input type="checkbox"/> Included (in vessel hull limit)	<input type="checkbox"/> Not Included (in vessel hull limit)											
TENDER/DINGHY INFORMATION (ONLY REQUIRED IF TENDER/DINGHY IS SCHEDULED)													
Tender Year:	Manufacturer:			Model:									
Tender Value: \$	Length: (ft)	Purchase Date:	Serial #:										
Motor Year:	Motor Manufacturer:			Serial #:									
Motor HP:	Motor Value: \$	(outboards only)	Motor Type:	Select One									

OPERATION OF VESSEL

WATERS TO BE NAVIGATED			
LAY UP PERIOD (NOT APPLICABLE IF REQUESTED POLICY TYPE IS BOATSMAN)		IF LAID UP, VESSEL IS DECOMISSIONED	
From: (mm/dd)	To: (mm/dd)	Select One	
BERTH/MOORING LOCATION OF VESSEL (JUNE - NOVEMBER)		BERTH/MOORING TYPE FROM JUNE - NOVEMBER (check one)	
Marina Name: Home Address	Mooring Address: Home for all three	<input type="checkbox"/> Afloat @ Dock/Slip	<input type="checkbox"/> Afloat @ Mooring
Mooring City:	Mooring State:	<input type="checkbox"/> On Hydraulic Lift	<input type="checkbox"/> On Trailer
Mooring Zip Code:	Country:	<input type="checkbox"/> Rack Storage (Inside)	<input type="checkbox"/> Rack Storage (Outside)
BERTH/MOORING LOCATION OF VESSEL (DECEMBER - MAY)		BERTH/MOORING TYPE FROM DECEMBER - MAY (check one)	
Marina Name: Same	Mooring Address:	<input type="checkbox"/> Afloat @ Dock/Slip	<input type="checkbox"/> Afloat @ Mooring
Mooring City:	Mooring State:	<input type="checkbox"/> On Hydraulic Lift	<input type="checkbox"/> On Trailer
Mooring Zip Code:	Country:	<input type="checkbox"/> Rack Storage (Inside)	<input type="checkbox"/> Rack Storage (Outside)
VESSEL IS: (check all that apply)		<input type="checkbox"/> On Jack Stands or Stilts <input type="checkbox"/> Other	
<input type="checkbox"/> Raced in other than club races	<input type="checkbox"/> Bareboat Chartered days/year	<input type="checkbox"/> Lived aboard on a permanent / semi-permanent basis	<input type="checkbox"/> Chartered w/ Captain/Crew days/year, with passengers (max).
<input type="checkbox"/> Used for other commercial purposes (attach details)			

INSURANCE COVERAGE REQUESTED

EFFECTIVE DATE OF COVERAGE:

Primary Coverage	Limit	Deductible	Supplemental Coverage	Limit	Deductible
Property Damage	\$	\$ *	(THIS FIELD FOR COMPANY USE ONLY)		
Liability Coverage (incl. Pollution ₁)	\$				
Medical Payments (per person)	\$				
Uninsured Boater	\$				
L&HCA	Statutory Limits				
Trailer	\$ NA	\$			
Unscheduled Pers. Property	\$	\$			
Towing & Assistance	\$				
Tender/Dinghy	\$	\$			
Owner's Liability to Paid Crew	\$				

*Note: Separate windstorm deductible may apply based on the navigation area and mooring state.
 †If Liability Coverage applies, Pollution Liability amount meets the owner's statutory liability as specified in the Oil Pollution Act of 1990 and any subsequent amendments.

Named Insured:	Contract ID:
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SPECIAL CONDITIONS / OTHER COVERAGES

LOSS PAYEE / ADDITIONAL INSURED INFORMATION

<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured NAME: NAME (CONTINUED): ADDRESS: ADDRESS (CONTINUED): CITY STATE ZIP	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured NAME: NAME (CONTINUED): ADDRESS: ADDRESS (CONTINUED): CITY STATE ZIP
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ACKNOWLEDGEMENTS

Important Notice Regarding The Fair Credit Reporting Act: Personal information about you, including information from a credit or other investigative consumer report may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. This information will be used solely by the underwriting insurance company(s). Credit-based insurance scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (In MA, NE, OR and VT, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties.) (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) (Not applicable in AL, AR, AZ, DC, FL, LA, ME, MD, NM, OK, RI, TN, VA, WA and WV.)

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV
 Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Florida and Oklahoma
 Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (in FL: of the third degree).

Applicable in Maine, Tennessee, Virginia and Washington
 It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Owner's Statement: I certify that to the best of my knowledge all statements on this application are true, complete and correct and that the information is being offered to the company as an inducement to issue the policy for which I am applying. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information.

Producer's Statement: My (the agent/producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis to believe that the information is anything but truthful.

SIGNATURE OF OWNER <i>(If not beneficial owner, then power of attorney must be in place to be valid.)</i>	DATE
AGENCY NAME	PRODUCER CODE
SIGNATURE OF PRODUCER	DATE