

INSURED INFORMATION			
Named Insured: Policy Number:			
CAPTAIN'S INFORMATION			
Captain's Name:			
Address:			
City:			State: Zip:
Date of Birth: Citizenship:			
GENERAL INFORMATION			
1) PRIOR VESSE	LS OPERATED AS CAPTA		
VESSEL NAME	LENGTH MAK	DATES OF SERVICE	NAV AREA(S)
	-/		
2) Have you ever	had or been involved in any	losses or claims? □ No □ Yes	If yes, provide details:
3) Are you employed full time solely for the benefit of this yacht and no other with no other outside employment ? □ No □ Yes If no, please explain all other business or employment below.			
4) Have you ever	been arrested or convicted o	of any crime including DUI? DNo	□ Yes If yes, provide details:
5) List all licenses	s, certificates and related qua	alifications: (Attach copy of license(s).	)
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conditions offered by Or	gree this application is a reques ne80 may be different than your re or representations made prior to issue	quest contained herein. The actual terms and	ovided herein. You understand and agree the actual coverage, terms and a conditions for coverage provided are represented by the policies issued and
		insurance company or other person files an erial thereto, commits a fraudulent insurance ac	application for insurance containing any false information, or conceals for the ct, which is a crime.
The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.			
Signature			Date
Print Name			Title