

INSURED INFORMATION							
Named Insured: Drivers Lice			vers License #:	ense #:		State Issued:	
Address:							
City:				State:	Zip:		
Date of Birth:			Occupation:	Occupation:			
Years of GENERAL boating experience:			Years of TITLED	Years of TITLED boating experience:			
		GE	NERAL INFORMATION				
Prior boa	its you have OWNE	D: Please complete ALL categories	:				
Year	Length 	Manufacturer	Model	Date (From)	Date (To)	Approx. Hours	
		ATED: Please complete ALL catego					
Year	Length	Manufacturer	Model 	Date (From)	Date (To)	Approx. Hours	
List ALL	waters or areas you	have navigated: (example – Atlanti	c Ocean, Great Lakes, Carib	bean, etc.)			
List any t	poating Licenses, C	ertificates, Courses or Education yo	u have or have completed: (I	f none, please indicate	e NONE)		
Have you	u had any insurance	claim(s) or prior marine loss(es)?	□No □ Yes If Yes, p	lease explain:			

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, 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.

Applicant's Signature:	Date:
Print Name:	Title: