

## INSURED INFORMATION

Name of Insured (as will read on the policy): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Corporate Name (if any): \_\_\_\_\_

Is Corporation for sole purpose of ownership of vessel?  Yes  No If no, explain: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Bus: \_\_\_\_\_

Email/Website: \_\_\_\_\_

Present Insurer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Prior Vessels Owned or Operated:	YEAR	TYPE	LENGTH	HOW LONG OWNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Losses in past 5 years? (on any vessel):  Yes  No

If yes, please list date, type, amount and status.

Hull Claims: \_\_\_\_\_

P&I Claims: \_\_\_\_\_

## VESSEL INFORMATION

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

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Length: \_\_\_\_\_ Construction:  Steel  Fiberglass  Wood  Aluminum  Other: \_\_\_\_\_

Hull ID/Serial #: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_

Has vessel been Coast Guard Inspected:  Yes  No If yes, how many passengers is it certified for: \_\_\_\_\_

Doc. #: \_\_\_\_\_ Is vessel more than 6 passenger:  Yes  No

Date of Vessel's Last Survey: \_\_\_\_\_ Surveyed by whom: \_\_\_\_\_

Purchase Date: (MM/DD/YYYY) \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Amount Financed: \_\_\_\_\_

Loss Payee: \_\_\_\_\_

Address: \_\_\_\_\_

**ENGINE INFORMATION**

Year: \_\_\_\_\_ H.P Per Engine: \_\_\_\_\_ Max Speed: \_\_\_\_\_

NUMBER:  Single  Twin TYPE:  Gas  Diesel

Manufacturer: \_\_\_\_\_ Serial Numbers: P \_\_\_\_\_ S \_\_\_\_\_

Is vessel equipped with the following:

- Yes  No High Water Level Alarm (Outboard only)
- Yes  No Fume Detectors
- Yes  No Automatic Fire Extinguishing System with Manual Override

**NAVIGATION DETAILS**

Maximum # passengers any one trip: \_\_\_\_\_

Home Port: \_\_\_\_\_  Marina  Private Residence  Other \_\_\_\_\_

Waters Navigated: \_\_\_\_\_

Type of Charters: \_\_\_\_\_ Any overnight charters?  Yes  No

Is this vessel used for HOBA or other on demand rideshare services?  No  Yes If Yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_

Do passengers swim, snorkel, scuba dive or water ski for the insured vessel:  Yes  No

If yes, explain: \_\_\_\_\_

Average Number of Charters per Year: \_\_\_\_\_

Lay up period (if any): From: \_\_\_\_\_ To: \_\_\_\_\_  On Land  In Water

If lay up period, give location: \_\_\_\_\_

Is this vessel being held for sale?  Yes  No

**CAPTAIN INFORMATION**

Is vessel Captain owned?  Yes  No Total Number of Crew: \_\_\_\_\_

Captain Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Years with Insured: \_\_\_\_\_

Prior Experience: \_\_\_\_\_

Does Captain have a current USCG "Operator of Uninspected Passenger Vessel License"?  Yes  No

Other Licenses and Certifications: \_\_\_\_\_

Name of each crew member, job each performs and years with Insured:

NAME	JOB DESCRIPTION	YEARS WITH INSURED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COVERAGES**

	LIMIT	DEDUCTIBLE	PREMIUM
Hull	\$ _____	\$ _____	\$ _____
Trailers	\$ _____	\$ _____	\$ _____
Personal Effects	\$ _____	\$ _____	\$ _____
P&I	\$ _____	\$ _____	\$ _____
Towing	\$ _____	\$ _____	\$ _____
Uninsured Boaters	\$ _____	\$ _____	\$ _____
Fuel Spill Liability	\$ _____	\$ _____	\$ _____
Med Pay	\$ _____	\$ _____	\$ _____

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: \_\_\_\_\_