

INSURED INFORMATION

Name of Insured (as will read on the	policy):					
Owner's Name:			Effe	ective Date	:	
Corporate Name (if any):						
Is Corporation for sole purpose of ov	vnership of ves	sel? □ Yes □ No If	no, explain:			
Address, City, State:						
Phone: Home:						
Email/Website:						
Present Insurer:				Expiration	n Date:	
Prior Vessels Owned or Operated:	YEAR	Т	YPE		LENGTH	HOW LONG OWNED
-						
-						
-						
Losses in past 5 years? (on any ves		□ No				
If yes, please list date, type, amount						
Hull Claims:	_					
P&I Claims:						
VESSEL INFORMATION						
Vessel Name:			dalı			
Year: Make: Length: Construct						
Hull ID/Serial #:		5				
Has vessel been Coast Guard Inspe						
Doc. #:		5	Is vessel more that	-		
Date of Vessel's Last Survey:				•	0	
Purchase Date: (MM/DD/YYYY)			Surveyed by who			ed:
Loss Payee:						
A shaha a a						

If lay up period, give location:	Year:			H.P Per Engine:		Max Speed:	
Is vessel equipped with the following: Svessel equipped with the following: Yes No Fume Detectors Yes No Automatic Fire Extinguishing System with Manual Override NAVIGATION DETAILS Maximum # passengers any one trip: Home Port:	NUMBER:	Single	□Twin		TYPE: 🗖 Gas	Diesel	
Yes No High Water Level Alarm (Outboard only) Yes No Yes No Automatic Fire Extinguishing System with Manual Override NAVIGATION DETAILS Maximum # passengers any one trip:	Manufacturer:				Serial Numbers: F)	S
Yes No Fume Detectors Yes No Automatic Fire Extinguishing System with Manual Override NAVIGATION DETAILS Maximum # passengers any one trip:	Is vessel equippe	ed with	the following:				
Yes No Automatic Fire Extinguishing System with Manual Override NAVIGATION DETAILS Maximum # passengers any one trip: Home Port: Home Port: Maximum # passengers any one trip: Maximum # passengers any one trip: Home Port: Maximum # passengers any one trip: Maximum # passengers any one trip: Home Port: Maina Private Residence Other May overnight charters? Yes No Yes No Yes Yes Yes Any overnight charters? Yes Any overnight charters? Yes Average Number of Charters per Year: Lay up period (if any): From: To: On Land In Wat If yes le total If yes le total Yes Yes		l Yes	□ No	High Water Level Alarm (Ou	utboard only)		
NAVIGATION DETAILS Maximum # passengers any one trip: Home Port:		l Yes	D No	Fume Detectors			
Maximum # passengers any one trip: I Marina I Private Residence I Other Waters Navigated: Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other Any overnight charters? I Yes I Marina I Private Residence I Other		l Yes	D No	Automatic Fire Extinguishing	g System with Manual Ov	verride	
Home Port: Image: Marina Waters Navigated: Type of Charters: Any overnight charters? Yes Is this vessel used for HOBA or other on demand rideshare services? INO Yes Yes If yes, explain: Average Number of Charters per Year: Lay up period (if any): From: If lay up period, give location:	NAVIGATION D	etail	S				
Waters Navigated:	Maximum # pass	engers	s any one trip:				
Type of Charters: Is this vessel used for HOBA or other on demand rideshare services? DNO Do passengers swim, snorkel, scuba dive or water ski for the insured vessel: Yes If yes, explain:	Home Port:			🗆 Mari	na 🗖 Private Residenc	ce 🛛 Other _	
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:	Waters Navigate	d:					
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: To: On Land In Wat If lay up period, give location:	Type of Charters	:				An	y overnight charters? 🗖 Yes 🗖 No
If yes, explain:Average Number of Charters per Year:Average Number of Charters per Year:To:To:On Land	Is this vessel use	ed for H	IOBA or other or	n demand rideshare services?	INo □Yes If Yes, prov	vide details:	
If yes, explain:Average Number of Charters per Year:Average Number of Charters per Year:To:To:On Land							
If yes, explain:Average Number of Charters per Year:							
Average Number of Charters per Year: To: To: On Land In Wat	Do passengers s	wim, s	norkel, scuba div	ve or water ski for the insured ves	ssel: 🗆 Yes 🛛 No		
Average Number of Charters per Year: To: To: On Land In Wat	lf yes, explair	ו:					
Lay up period (if any): From: To: To: On Land In Wat							
If lay up period, give location:							
Is this vessel being held for sale? Yes No	Is this vessel bei	ing hel	d for sale? 🗖 Y	es 🗖 No			
CAPTAIN INFORMATION	CAPTAIN INFO	RMAT	ION				
Is vessel Captain owned? Yes No Total Number of Crew:	Is vessel Captair	n owne	ed? 🗆 Yes 🗖	No Total Number of Crew			
Prior Experience:	-						
Does Captain have a current USCG "Operator of Uninspected Passenger Vessel License"?							
Other Licenses and Certifications:							
Name of each crew member, job each performs and years with Insured:	Name of each cr	ew me	ember, job each p	performs and years with Insured:			
NAME JOB DESCRIPTION YEARS WITH INSURE		Ν	AME		JOB DESCRIPTION	l	YEARS WITH INSURED

ENGINE INFORMATION

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: