

Named Insured		SSN #		Date of Birth	
Driver's License #		DL State		Email	
If Corporate, Beneficial Owner				Occupation	
Street Address				Phone Numbers	Cell
City, State, Zip					Home
				Work	
Does Insured Reside in Florida 12 Months?		Yes	No	Is the Corporation Single Asset, Not for Profit?	
				Yes	No N/A

VESSEL INFORMATION

Year	Length	Manufacturer/Builder			Model	Hull Identification Number		
Vessel Name		State Registered:		Yes	No	Vessel Flag	Date Purchased	Purchase Price
		Registration #:						\$
Hull Type:			Construction:			Vessel Use:		
Cat Hull	MonoHull	MultiHull	Fiberglass	Wood	Aluminum	Private Pleasure	Racing	
Power	Sail	Houseboat	Kevlar/ Carbon Fiber	Steel	Other	Bareboat Charter	Captain Charter	
(For Charter must complete Charter Supplemental App)								
Engine Manufacturer / Model			Year Built		Serial Numbers			
Fuel Type	Propulsion		Propulsion		Horsepower (each)	Fuel Tanks		Drive Manufacturer
Diesel	Inboard	Jet Drive	Single	Quad		Metal	Fiberglass	
Gas	Outboard	Turbine	Twin	Quint				
Jet Fuel	I/O	Surface Drive	Triple		Max Speed (MPH)	Auxiliary Generator		Sump
	Pod Drive					Diesel	Gas	Wet Dry
Navigation:		Radar	GPS	Depth Finder	Auto Pilot	VHF Radio	Yacht Controller	
Safety Equipment/Security:		Auto Fire System	Fume Detector	No. of Handheld Fire Extinguishers	Tracking Device			
		Surveillance System	Locked / Fence Enclosure	Secured Building	Other:			
Current Marine Survey	Date of Survey	Survey Type			Name of Surveyor (SAMS or NAMS Certified)			
Yes	No	Afloat Out of Water/Dry Dock						

PRIMARY OPERATOR TRAINING & EXPERIENCE

(Additional Operators must complete separate Operator Information Sheet)

Primary Operator Name	Date of Birth	Driver's License Number	State	Married	Yes	No
				Spouse Operates	Yes	No
Years of Boating Experience		Boating Courses:				
Ownership:		None	US Power Squadron	US Coast Guard Auxiliary		
Operation:		Tres Martin / HP Boat School	Mariner's License (describe):			

BOATS PREVIOUSLY OWNED (Titled Owner)

Owned or Operated	Dates/Years Owned	Year	Manufacturer	Model	Type	Size	Max Speed	Waters Navigated

LOSS HISTORY & VEHICLE DRIVING RECORD

LOSS HISTORY (If none, state NONE):

Details of any previous losses

Loss Date	Cause of Loss	Loss Amount

Have you ever been convicted of a Felony or DUI?

Yes No

Details:

Tickets or accidents on your driving record (3 years)?

Yes No

Details:

TRAILER INFORMATION

Year	Manufacturer & Model	Serial Number	No. of Axles	Capacity	Stored on Trailer:	Yes	No
					Tilt Trailer:	Yes	No

YACHT TENDER / PERSONAL WATERCRAFT (May be insured for additional premium)

Year	Length	Manufacturer	Model	Hull Identification Number
Engine Year	Engine Manufacturer	Engine HP	Top Speed	Engine Serial Number

INSURANCE COVERAGES REQUESTED

Coverage	Amount of Insurance	Deductible	Named Windstorm Deductible
Vessel Hull and Machinery	\$	\$	Notes:
Tender & Outboard	\$	\$	
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Fishing Equipment	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	

MOORING & NAVIGATION INFORMATION

Mooring Location Dates	Mooring Street Address, City, State, ZIP Code	Name of Marina/Storage/Residence
Primary:	Address:	Location Name:
Storage Type:	Trailer Dock Slip Lift Rack Mooring Buoy Other (Details):	
	Marina Locked Personal Garage/Building Rental Storage Driveway/Street Carport Locked Fence	
Secondary:	Address:	Location Name:
Storage Type:	Trailer Dock Slip Lift Rack Mooring Buoy Other (Details):	
	Marina Locked Personal Garage/Building Rental Storage Driveway/Street Carport Locked Fence	
Navigation:	East Coast U.S. Florida Bahamas Inland USA Gulf of Mexico Great Lakes Pacific Coastal Caribbean Other:	Layup Dates:
		From: To: Ashore Afloat
Lienholder Name:	Address:	
Loan Number	Loan Balance	
Additional Insured Name:	Address:	

OTHER INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	REMARKS
Was any insurance declined, canceled or non-renewed in the last 5 years?			
Has the vessel been involved in a loss previously or deemed a Total Loss?			
Has the boat or engines been modified or altered from their stock condition?			
Does the loan value exceed 90% of the purchase price?			
Is the vessel full time live-aboard?			
Is the vessel ever towed?			
Will this vessel be operated single-handedly at night?			
Is a permanent affixed anti-theft tracking device installed on this vessel?			
Does the insured own a residence outside of Florida?			
Is the vessel used commercially or for business purposes?			
Do you employ a paid captain or crew? If so, what are their duties?			Number of full time crew: part time: Duties:
Is the vessel ever chartered to others with a captain?			
If yes, is the vessel owner operated?			
Is the vessel ever chartered to others without a captain?			
Is the vessel used to undertake dive boat charter activities?			
For Fare paying passenger vessels, advise the maximum/average number of passengers per trip:		Number of trips annually:	
Please confirm the date of last certification/tagging of the vessel's fire extinguishing equipment, including fixed systems and hand-held units			
Additional Remarks:			

The completion and signing of this application does not bind the **APPLICANT** or this **COMPANY** to effect insurance on this risk; it is submitted for purposes of rating and quotation only.

If accepted by this **COMPANY**, it is agreed the information furnished herein shall be the basis of the contract should a policy be issued.

BY SIGNING YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD THE FRAUD WARNING STATEMENT INCLUDED ON SUBSEQUENT PAGES OF THIS APPLICATION, APPLICABLE TO YOUR STATE.

Applicant Signature	Date	Producer
Producer Signature	Date	
Current Insurer:		
Policy Effective Date:	Annual Premium\$	

This notice is given in compliance with the Federal Fair Credit Reporting Act (public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the insurer's underwriting procedure, a routine credit report may be obtained, as well as a motor vehicle record report.

NOTICE

To All Prospective Insureds: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

Notice to California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **(Note: In Oklahoma the language must appear on the face of the policy, or by endorsement or rider attached to the policy in 10 pt. font or larger).**

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Notice to New York Applicants (Fire insurance applications): 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 proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Notice to New York Applicants (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Pennsylvania Applicants (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.