

Effective Date:

OWNER INFORMATION						
Named Insured(s):				Does named insured match vessel title?    Yes    No		SSN:
Beneficial Owner if Corporately Owned:				Fractional Ownership?    Yes    No		DOB:
Is Corporation sole purpose for holding vessel?    Yes    No    N/A				Occupation:		
Physical Address: Street			City	State	Zip Code	
Mailing Address (if different): Street			City	State	Zip Code	
Do you reside at any other address?    Y    N			If yes, provide City, State, Zip & Months Residing:			
Primary Phone:			Secondary Phone:		Email Address:	
VESSEL INFORMATION						
Year	Length Overall	Manufacturer/Builder		Model	Hull Identification Number	
Vessel Flag:		Vessel Name:		Date Purchased:	Purchase Price:	
Material:		Other:		Type:	Other:	
Vessel Use:		Other:		<i>Note: use other than private pleasure may require a supplemental application</i>		
If limited 6 pack charter elected as use above, please confirm activity:				Max # of Guests:	Max Days/Trips Per Year:	
Date of last survey:		Name of Surveyor:		Survey Type:	Survey Value:	
VESSEL ENGINE DETAILS						
# of Engines	Engine Year	Horsepower (each)	Engine Manufacturer	Engine Model	Engine Serial Numbers	
Engine Type:			Other:		Fuel Type:	Max Speed:
VESSEL TENDER AND TRAILER						
Tender	Year	Length	Manufacturer	Model	Hull Identification Number	Value
	Engine Year	Engine Horsepower	Engine Manufacturer	Engine Model	Engine Serial Number	Engine Value
Trailer	Year	Manufacturer		Model	Vehicle Identification Number	Value
NAVIGATION AND STORAGE						
Requested Navigation Area:					Max Miles Offshore:	
Primary (Summer) Berthing Address:				Location Name:		
Primary Storage Type:				Other:		
Secondary (Winter) Berthing Address:				Location Name:		
Secondary Storage Type:				Other:		
Layup Type:				Layup Dates (mm/dd-mm/dd):		

PRIMARY OPERATOR EXPERIENCE						
Legal Name:		Driver's License Number:		State:		DOB:
Married:	Y   N	Does Spouse Operate Vessel?	Y   N	# of Years Operating Boats:		# of Years of Boat Ownership:
Training:		None	State License	Tres Martin	Marine School	USCG   Power Squadron   Other:
Owned or Operated	Dates (mm/yy - mm/yy)	# of Years Owned	Length Overall	Vessel Type	Max MPH	Waters Navigated
Are There Any Additional Operators?		Yes   No	Note: Additional operators may be required to submit a signed resume.			
Name		Date of Birth	# of Years Operating	Length Overall	Vessel Type	Loss History
CREW COVERAGE						
Is there Paid Crew?		Yes   No	# of Full Time Crew:	# of Part Time Crew:		
Crew Duties & Responsibilities:						
COVERAGE LIMITS						
Section	Coverage	Amount of Insurance		Deductibles		
A.	Hull Insurance			Standard		
				Named Windstorm		
				Lightning		
				Theft		
	Tender (Incl. Engine)					
B.	Protection and Indemnity			N/A		
C.	Medical Payments			N/A		
D.	Towing					
E.	Trailer					
F.	Personal Effects (inc. Fishing Equipment)					
G.	Uninsured Boaters			N/A		
H.	Fuel Spill			N/A		
TOTAL PREMIUM						

ADDITIONAL INTERESTS	
Loss Payee:	Loan Amount:
Address:	
Additional Insured:	Type:
Address:	

CURRENT CARRIER & LOSS HISTORY					
Current Carrier:			Current Premium:		
Any losses in the last five years?					
Date of Loss	Vessel	Loss Description	Total Paid	Carrier	Status (Open/Closed)

GENERAL UNDERWRITING			
Has your insurance ever been declined, non-renewed or canceled?		Yes	No
In the last three years, have you or any operator been convicted of a BUI, DUI, OUI or DWI or Felony?		Yes	No
In the last three years, have you filed for bankruptcy?		Yes	No
		If yes, please explain:	
Have you had any driving violations in the last three years?		Yes	No
		If yes, please explain:	
Was the vessel purchased with prior or existing damage, or as salvage?		Yes	No
Has the vessel engines been modified or altered from stock condition?		Yes	No
Does the total horsepower of vessel meet vessel manufacturers' specs?		Yes	No
Have the vessel engines been modified or altered from stock condition?			
Is the vessel used to race?		Yes	No
Type:		Lobster	Poker
		Predicted Log	Other:
Is the vessel regularly towed by another vessel (excluding emergencies)?		Yes	No
Is the vessel currently listed for sale?		Yes	No
Does the primary vessel have lithium batteries installed?		Yes	No
Does the vessel have toys or vessels regularly stored aboard that contain lithium batteries (ebike, efoil, tender, sea bob, etc.)?		Yes	No
Does the vessel have an antitheft GPS tracking device installed, activated, and regularly monitored?		Yes	No
Please provide the date of the last certification/tagging of the vessel's fire extinguishing equipment including fixed fire systems:			
I hereby declare that I personally have read this application and declare that the statements made are true. I understand that this is not a binder of insurance. 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.		My (the producer) signature verifies that all the information on the application has been obtained by me.	
		Agency Name:	
		Agency Address:	
Signature of Insured or Authorized Representative:		City:	
		State: Zip:	
Typed Name:		Producer Code:	Date:
Date Signed:		Signature:	

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.