

Insured: _____

Address of Insured: _____

Effective Date: _____ (12:01 A.M.) Name of Vessel: _____

Indicate Coverage Desired:

COVERAGE	LIMITS OF LIABILITY	PREMIUM
HULL	\$ _____	AGREED VALUE
PROTECTION & INDEMNITY	\$ _____	Each Occurrence
SUPPLEMENTAL COVERAGES	<input type="checkbox"/> V&MM <input type="checkbox"/> WAR RISK	<div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div>
	<input type="checkbox"/> BREACH OF WARRANTY	
	<input type="checkbox"/> JONES ACT (Crew Coverage)	
	No. of Crew: _____	
DEDUCTIBLE: HULL: \$ _____ P&I: \$ _____		TOTAL: _____

VESSEL:

Builder: _____ Year: _____ Length: _____

Hull Material: _____ Type of Vessel: _____ ID #: _____

Cost To Present Owner: _____ Date Purchased: _____

Loss Payee: _____ Amount of Mortgage: _____

Address: _____ City: _____ State: _____ Zip: _____

ENGINES:

#1 Year Built: _____ HP: _____ Fuel: _____ Make & Serial #: _____

#2 Year Built: _____ HP: _____ Fuel: _____ Make & Serial #: _____

Either Rebuilt: ☐ Yes ☐ No If yes, when: _____

No. of Hours Each Engine: _____

GENERAL INFORMATION:

Describe Commercial Activity:

Navigation Area: _____

Layup Period: From: _____ (12:01 AM) To: _____ (12:01 AM) Is Vessel: ☐ Hauled ☐ Dockside ☐ On Mooring

Any Overnight Trips: ☐ Yes ☐ No If yes, explain: _____

Principal Place of Mooring: _____

When was Vessel Last Surveyed: _____ By Whom: _____

Have All Surveyor's Recommendations Been Completed: ☐ Yes ☐ No If no, explain: _____

Name & Exp of Operator: _____ Valid Coast Guard License: ☐ Yes ☐ No

Have you ever been arrested or convicted of any crime including DUI? ☐ Yes ☐ No If yes, provide details:

Any Marine Claims in the Past 5 Years? ☐ Yes ☐ No If yes, explain: _____

Has Insurance Ever Been Canceled or Non-Renewed: ☐ Yes ☐ No If yes, explain: _____

Present Insurance Carrier: _____

EQUIPMENT:

Marine Electronics: ☐ Depth Finder ☐ SAT Telephone ☐ Radar ☐ SSB ☐ EPIRB

Fire Extinguishers: No. and Type of Extinguishers: _____

Date Weighed & Tagged: _____

Alarm at Helm: ☐ Yes ☐ No

Automatic CO² System: ☐ Yes ☐ No

Date Last Serviced: _____

Safety Equipment: Life Jackets for All Persons: ☐ Yes ☐ No

Survival Suits: ☐ Yes ☐ No

Certified Life Raft: ☐ Yes ☐ No Additional Equipment: _____

Galley: Cooking Stove Fuel: _____ Fire Extinguisher Present: ☐ Yes ☐ No

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 Intermediaries 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: _____