

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	<input type="checkbox"/> OTHER _____	\$	
	<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 missstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____