

Application Form



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ASSURED'S NAME:		ASSURED'S DATE OF BIRTH:	ASSURED'S NATIONALITY:	ASSURED'S STATE OF RESIDENCE:	
FULL MAILING ADDRESS (including ZIP/Post Code where available). IF COMPANY PROVIDE REGISTERED ADDRESS					
BENEFICIAL OWNER (this should be completed if vessel is insured in a company name or if the beneficial owner of the vessel is someone other than the Named Assured):					
EFFECTIVE DATE FROM: (mm/dd/yy)		TO: (mm/dd/yy)	0.01hrs LST		
VESSEL NAME:	HULL ID:		LENGTH OVERALL:		
MANUFACTURER/MODEL:	YEAR BUILT:		MODEL YEAR:		
PURCHASE PRICE:	DATE OF PURCHASE:		PRESENT VALUE:		
MAXIMUM SPEED:	VESSEL REGISTERED:		VESSEL FLAG:		
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER					
COVERAGES			LIMIT (US Dollar)		
HULL PHYSICAL DAMAGE					
TENDER/DINGHY					
MEDICAL PAYMENTS (maximum \$50,000)					
PERSONAL PROPERTY					
TRAILER					
BREACH OF WARRANTY (APPLICABLE LOSS PAYEE MUST BE DETAILED ON PAGE 4)					
THIRD PARTY LIABILITY					
LIABILITY TO PAID CREW					
COMMERCIAL PASSENGER LIABILITY					
UNINSURED BOATERS (minimum \$100,000)					
NON-EMERGENCY TOWING					
OTHER (please specify)					
PLEASE TICK THE APPROPRIATE BOXES					
PRIMARY POWER	SAIL	<input type="checkbox"/>	TYPE OF VESSEL	SAILBOAT	<input type="checkbox"/>
	OUTBOARD	<input type="checkbox"/>		MOTOR YACHT	<input type="checkbox"/>
	INBOARD	<input type="checkbox"/>		SPORTSFISHER	<input type="checkbox"/>
HULL MATERIAL:	FIBREGLASS	<input type="checkbox"/>	LAST SURVEYED (mm/dd/yy)	HOUSEBOAT	<input type="checkbox"/>
	WOOD	<input type="checkbox"/>		CATAMARAN	<input type="checkbox"/>
	KEVLAR	<input type="checkbox"/>	ASHORE AFLOAT	OTHER (give details)	<input type="checkbox"/>
	CARBONFIBRE	<input type="checkbox"/>			
	FERROCEMENT	<input type="checkbox"/>			
METAL	<input type="checkbox"/>				
VESSEL ENGINE/OUTBOARD DETAILS					
	HP	MANUFACTURER	FUEL	YEAR	SERIAL NO#
#1					
#2					
	DATE PURCHASED		PURCHASE PRICE		PRESENT VALUE
#1					
#2					

TENDER/DINGHY INFORMATION					
MANUFACTURER		YEAR		HULL ID/SERIAL NUMBER	
TENDER/DINGHY ENGINE/OUTBOARD DETAILS					
MANUFACTURER			HP		SERIAL NUMBER
TRAILER INFORMATION					
MANUFACTURER	YEAR BUILT	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	SERIAL NUMBER
PRIMARY MOORING LOCATION OF VESSEL (INCLUDING ZIP/POST CODE WHERE AVAILABLE) BETWEEN JULY 1ST - NOV 1ST PLEASE SPECIFY WHETHER VESSEL WILL BE ASHORE/AFLOAT (MOORED)/OR ON A HOIST. IF YOU ARE UNABLE TO PROVIDE A ZIP/POST CODE, PLEASE ADVISE LONGITUDE & LATITUDE.					
PLEASE ADVISE IF THIS VESSEL IS FITTED WITH MANUFACTURER RECOMMENDED FIRE PREVENTION/EXTINGUISHING EQUIPMENT (if no provide explanation) : <p style="text-align: center;">YES NO</p>					
PLEASE DETAIL ANY ANTI-THEFT PRECAUTIONS WHICH ARE IN PLACE 					
ALL WATERS TO BE NAVIGATED DURING THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY) 					
WILL THE VESSEL BE LAID UP (OUT OF USE) DURING THIS POLICY PERIOD - IF SO DETAIL EXACT DATES, LOCATION AND ADVISE WHETHER ASHORE OR AFLOAT. 					
#	GENERAL INFORMATION				
1	IS THIS VESSEL USED FOR FARE PAYING PASSENGERS?	YES	NO	IF YES, NUMBER OF PASSENGERS PER TRIP	
				MAXIMUM:	AVERAGE:
				NUMBER OF TRIPS PER YEAR	
				MAXIMUM:	AVERAGE:
2	IS THIS VESSEL CHARTERED TO OTHERS WITH A CAPTAIN?	YES	NO	IF YES, COMPLETE CAPTAIN CHARTER SUPPLEMENTARY SHEET	
3	DOES THIS APPLICANT EMPLOY PAID CREW	YES	NO	IF YES, HOW MANY?	
4	IS THIS VESSEL CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT)?	YES	NO	IF YES, COMPLETE BAREBOAT CHARTER SUPPLEMENTARY SHEET	
5	IS THIS VESSEL USED FOR WATERSKIING OR DIVEBOAT CHARTER?	YES	NO	IF YES, PROVIDE DETAILS	

#	GENERAL INFORMATION CONTINUED			
6	IS THIS VESSEL USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?	YES	NO	IF YES, PROVIDE DETAILS
7	WILL THIS VESSEL BE OPEATED SINGLE HANDEDLY AT NIGHT?	YES	NO	IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?
8	DOES ANYONE RESIDE ABOARD THE VESSEL	YES	NO	IF YES, FOR HOW LONG DURING THE POLICY PERIOD?
9	WILL THIS VESSEL PARTICIPATE IN ANY RACES/REGATTAS/RALLYYS/SPEED TRIALS DURING THIS POLICY PERIOD?	YES	NO	IF YES, COMPLETE RACING SUPPLEMENTARY SHEET
10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	YES	NO	IF YES, PROVIDE DETAILS
11	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)	YES	NO	IF YES, PROVIDE DETAILS
12	HAVE YOU OR ANY NAMED OPERATED BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?	YES	NO	IF YES, PROVIDE DETAILS

ALL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS

No.	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years		
1					
		Years of Boat Ownership	Years of Boating Experience		
		Boating Qualifications (for example USCG 100Ton)			
		Lengths and Manufacturers of Vessels previously owned or operated			
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:			
		Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details			
		2			
				Years of Boat Ownership	Years of Boating Experience
Boating Qualifications (for example USCG 100Ton)					
Lengths and Manufacturers of Vessels previously owned or operated					
Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:					
Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details					

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY

LOSS PAYEE(S) (PLEASE PROVIDE NAME AND FULL MAILING ADDRESS):

ADDITIONAL ASSURED'S REQUIRED - (PLEASE PROVIDE NAME, FULL MAILING ADDRESS AND REASON FOR REQUEST)

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. Any misrepresentation in this application for insurance may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
3. Fraud Statement – please see page 5 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.

ASSURED SIGNATURE:

PRINT NAME AND STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED ASSURED/BENEFICIAL OWNER

SIGNATURE DATE:

Applicable in Florida and Idaho

Any person who Knowingly and with the 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*

*In Florida – Third Degree Felony