Application Form



www.southernmostinsurance.com

ASSU	IRED'S N	AME:		ASSURED'S D	OATE 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):									
EFFE	EFFECTIVE DATE FROM: (mm/dd/yy) TO: (mm/dd/yy) 0.01hrs LST								
VESS	EL NAME	:	HU		LENGTH OVERALL:				
MANUFACTURER/MODEL: YEA				AR BUILT:		MODEL YEAR:			
PURCHASE PRICE: DAT				TE OF PURCHA	SE:		PRESENT VALUE:		
MAX	IMUM SF	PEED:	VES	SSEL REGISTERI	ED:		VESSEL FLAG:		
			COVERAGES W	ILL NOT BE PR	OVIDED UNLESS REQ	UESTED HEREUNDER	1		
			COV	/ERAGES			LIMIT (US Dollar)		
HULI	_ PHYSIC	AL DAMAGE							
TENI	ER/DIN	GHY							
MED	ICAL PAY	MENTS (maximum	(\$50,000)						
PERS	ONAL PI	ROPERTY							
TRAI	LER								
BREA	CH OF V	VARRANTY (APPLICA	ABLE LOSS PAYEE MUST BE D	ETAILED ON PA	AGE 4)				
THIR	D PARTY	LIABILITY							
LIAB	ILITY TO	PAID CREW							
СОМ	MERCIAI	PASSENGER LIABII	LITY						
UNIN	ISURED	BOATERS (minimun	n \$100,000)						
NON	-EMERGI	ENCY TOWING							
ОТН	ER (pleas	e specify)							
		THE APPROPRIATE I							
PRIM	IARY PO	WER	SAIL OUTBOARD		TYPE OF VESSEL		SAILBOAT MOTOR YACHT		
			INBOARD		VESSEE		SPORTSFISHER		
HULI	MATER	IAL:	FIBREGLASS				HOUSEBOAT		
			WOOD				CATAMARAN		
			KEVLAR				OTHER (give details)		
CARBONFIBRE FERROCEMENT					LAST SUF	RVEYED (mm/dd/yy)	ASHORE AFLOAT		
			METAL			AFLOAT			
	VESSEL ENGINE/OUTBOARD DETAILS								
	HP	MAI	NUFACTURER	FUEL	YEAR		SERIAL NO#		
#1									
#2									
#1		DATE PU	IRCHASED		PURCHASE PRICE		PRESENT VALUE		
#2									

TENDER/DINGHY INFORMATION													
MANUFACTURER Y			YE	EAR		HULL ID/SERIAL NUMBER		LENGTH					
TENDER/DINGHY ENGINE/OUTBOARD DETAILS													
MANUFACTURER						НР		SERIAL NUMBER					
					TRAILER IN	IFORMATION							
M	IANUFACTURER	YEAR B	UILT		DATE	PURCHASE PRICE	PRESENT	SERIAL NUMBER					
				PUF	RCHASED		VALUE						
						AVAILABLE) BETWEEN JULY 1 ST – NOV 1 ST							
		VESSEL WILL BE AS	SHORE/AFLOAT	(MOORE	D)/OR ON A	A HOIST. IF YOU ARE UNABLE TO PROVIDE A	ZIP/POST CO	DDE, PLEASE ADVISE					
LONG	SITUDE & LATITUDE.												
PLEA	SE ADVISE IF THIS VES	SEL IS FITTED WITH	H MANUFACTUR	ER RECC	DMMENDED	FIRE PREVENTION/EXTINGUISHING EQUIPM	ENT (if no pi	rovide explanation) :					
					_								
				YE	S	NO							
DIFA	SE DETAIL ANY ANTI-	THEFT DDECAUTION	NC WILLOU ARE II	NI DI ACE									
PLEA	SE DETAIL AINT AINTI-	INEFI PRECAUTION	NS WHICH ARE II	N PLACE	1								
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ALL WATERS TO BE NAVIGATED DURING THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY)													
ALL V	VALERS TO BE NAVIG	ATED DUKING THIS	POLICY PERIOD	(YOU M	IAY ATTACH	I AN ITINERARY)							
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							E WHETHER	ASHORE OR AFLOAT.					
							E WHETHER	ASHORE OR AFLOAT.					
WILL					IOD – IF SO	DETAIL EXACT DATES, LOCATION AND ADVIS	E WHETHER	ASHORE OR AFLOAT.					
WILL #	THE VESSEL BE LAID	UP (OUT OF USE) D	URING THIS POL	LICY PER	IOD – IF SO GENERA	DETAIL EXACT DATES, LOCATION AND ADVIS							
WILL	THE VESSEL BE LAID	UP (OUT OF USE) D	URING THIS POL		IOD – IF SO	DETAIL EXACT DATES, LOCATION AND ADVIS LINFORMATION IF YES, NUMBER OF PAS							
WILL #	THE VESSEL BE LAID	UP (OUT OF USE) D	URING THIS POL	LICY PER	IOD – IF SO GENERA	DETAIL EXACT DATES, LOCATION AND ADVIS		ER TRIP					
WILL #	THE VESSEL BE LAID	UP (OUT OF USE) D	URING THIS POL	LICY PER	IOD – IF SO GENERA	DETAIL EXACT DATES, LOCATION AND ADVIS LINFORMATION IF YES, NUMBER OF PAS	SENGERS PI	ER TRIP					
WILL #	THE VESSEL BE LAID	UP (OUT OF USE) D	URING THIS POL	LICY PER	IOD – IF SO GENERA	DETAIL EXACT DATES, LOCATION AND ADVIS LINFORMATION IF YES, NUMBER OF PAS	SENGERS PI	ER TRIP					
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# 1	IS THIS VESSEL USED PASSENGERS?	UP (OUT OF USE) D	URING THIS POL	YES	GENERA NO	DETAIL EXACT DATES, LOCATION AND ADVIS AL INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRIE MAXIMUM:	SENGERS PI AVERAC PS PER YEAR AVERAC	ER TRIP GE: R GE:					
# 1 1 2	IS THIS VESSEL USED PASSENGERS?	UP (OUT OF USE) DO	URING THIS POL	YES YES	GENERA NO	DETAIL EXACT DATES, LOCATION AND ADVIS LE INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRIE MAXIMUM: IF YES, COMPLETE CAPTAIN CHAR	SENGERS PI AVERAG PS PER YEAR AVERAG TER SUPPLE	ER TRIP GE: R GE:					
# 1	IS THIS VESSEL USED PASSENGERS?	UP (OUT OF USE) DO	URING THIS POL	YES	GENERA NO	DETAIL EXACT DATES, LOCATION AND ADVIS AL INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRIE MAXIMUM:	SENGERS PI AVERAG PS PER YEAR AVERAG TER SUPPLE	ER TRIP GE: R GE:					
# 1 1 2	IS THIS VESSEL USED PASSENGERS?	UP (OUT OF USE) DO	URING THIS POL	YES YES	GENERA NO	DETAIL EXACT DATES, LOCATION AND ADVIS LE INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRIE MAXIMUM: IF YES, COMPLETE CAPTAIN CHAR	SENGERS PI AVERAG PS PER YEAR AVERAG TER SUPPLE	ER TRIP GE: R GE:					
# 1 2 3	IS THIS VESSEL USED PASSENGERS? IS THIS VESSEL CHAICAPTAIN? DOES THIS APPLICA	UP (OUT OF USE) DO FOR FARE PAYING RTERED TO OTHERS	URING THIS POL	YES YES	GENERA NO NO	DETAIL EXACT DATES, LOCATION AND ADVIS AL INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRI MAXIMUM: IF YES, COMPLETE CAPTAIN CHAR	SENGERS PI AVERAGE AVERAGE TER SUPPLE MANY?	ER TRIP GE: R GE: MENTARY SHEET					
# 1 1 2	IS THIS VESSEL CHAIC CAPTAIN? DOES THIS APPLICA IS THIS VESSEL CHAIC CAPTAIN?	O FOR FARE PAYING RTERED TO OTHERS RTERED TO OTHERS	URING THIS POL	YES YES	GENERA NO	DETAIL EXACT DATES, LOCATION AND ADVIS LE INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRIE MAXIMUM: IF YES, COMPLETE CAPTAIN CHAR	SENGERS PI AVERAGE AVERAGE TER SUPPLE MANY?	ER TRIP GE: R GE: MENTARY SHEET					
# 1 2 3	IS THIS VESSEL USED PASSENGERS? IS THIS VESSEL CHAICAPTAIN? DOES THIS APPLICA	O FOR FARE PAYING RTERED TO OTHERS RTERED TO OTHERS	URING THIS POL	YES YES	GENERA NO NO	DETAIL EXACT DATES, LOCATION AND ADVIS AL INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRI MAXIMUM: IF YES, COMPLETE CAPTAIN CHAR	SENGERS PI AVERAGE AVERAGE TER SUPPLE MANY?	ER TRIP GE: R GE: MENTARY SHEET					
# 1 2 3 4	IS THIS VESSEL USED PASSENGERS? IS THIS VESSEL CHAICAPTAIN? DOES THIS APPLICA IS THIS VESSEL CHAICAPTAIN (BAREBO	O FOR FARE PAYING RTERED TO OTHERS NT EMPLOY PAID C	ORING THIS POL	YES YES YES	GENERA NO NO	DETAIL EXACT DATES, LOCATION AND ADVIS AL INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRI MAXIMUM: IF YES, COMPLETE CAPTAIN CHAR IF YES, HOW IF YES, COMPLETE BAREBOAT CHA	SENGERS PI AVERAGE AVERAGE TER SUPPLE MANY?	ER TRIP GE: R GE: MENTARY SHEET					
# 1 2 3	IS THIS VESSEL CHAIC CAPTAIN? DOES THIS APPLICA IS THIS VESSEL CHAIC CAPTAIN?	O FOR FARE PAYING RTERED TO OTHERS NT EMPLOY PAID C RTERED TO OTHERS DAT)?	ORING THIS POL	YES YES	GENERA NO NO	DETAIL EXACT DATES, LOCATION AND ADVIS AL INFORMATION IF YES, NUMBER OF PAS MAXIMUM: NUMBER OF TRI MAXIMUM: IF YES, COMPLETE CAPTAIN CHAR	SENGERS PI AVERAGE AVERAGE TER SUPPLE MANY?	ER TRIP GE: R GE: MENTARY SHEET					

#	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/RALLYS/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	2 HAVE YOU OR ANY NAMED OPERATED BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?			NO	IF YES, PROVIDE DETAILS			
					C DI EACE DEC	NIEST ADDITIONAL OBERATOR SHEETS		
	PERATORS MUST BE DETAILED - IF				S PLEASE REC			
No.				O OPERATOR (mm/dd/yy)	S PLEASE REC	Violations/Suspensions (including Auto) in the last 5 years		
		Date	e of Birth ((mm/dd/yy)	5 PLEASE REC	Violations/Suspensions (including Auto) in the last 5 years		
No.		Date	e of Birth (S PLEASE REC			
No.		Date	e of Birth ((mm/dd/yy) Ownership		Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience		
No.		Date	e of Birth ((mm/dd/yy) Ownership Boa	ting Qualifica	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience ations (for example USCG 100Ton)		
No.		Date	e of Birth ((mm/dd/yy) Ownership Boa	ting Qualifica	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience		
No.		Date	e of Birth ((mm/dd/yy) Ownership Boa	ting Qualifica	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience ations (for example USCG 100Ton)		
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No.		Year Year Have you been	e of Birth (rs of Boat L n involved	Ownership Boa engths and I	ting Qualifica Manufacture the last 10 ye	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience ations (for example USCG 100Ton) rs of Vessels previously owned or operated ars (insured or not)? If YES, please give details and amounts paid:		
No.		Have you been	e of Birth (rs of Boat L n involved	Ownership Boa engths and i	ting Qualifica Manufacture the last 10 ye	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience ations (for example USCG 100Ton) rs of Vessels previously owned or operated ars (insured or not)? If YES, please give details and amounts paid:		
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WARNING: THIS IS A NAMED OPERATOR ONLY POLICY

LOSS PAYEE(S) (PLEASE	PROVIDE NAME AND FULL MAILING ADDRESS):
ADDITIONAL ASSURED'S	S REQUIRED – (PLEASE PROVIDE NAME, FULL MAILING ADDRESS AND REASON FOR REQUEST)
PLEAS	E 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

- answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
- Fraud Statement please see page 5 of this application form & initial the paragraph relevant to 3. 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