



CALLEN INSURES  
MIDWEST CITY OK 73110

# APPLICATION FOR BOAT INSURANCE

MAIL TO: ☐ AGENT ☐ INSURED

## ITEM 1

Name \_\_\_\_\_ Age \_\_\_\_\_ ☐ Single ☐ Widow(er)  
☐ Married ☐ Divorced

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

(If housewife, state husband's occupation)

## ITEM 2

CPO Plan Requested ☐ Yes ☐ No

☐ Yes

Term \_\_\_\_\_ Effective \_\_\_\_\_ To \_\_\_\_\_ Payable Annually? ☐ No

Total Amount of Insurance \$ \_\_\_\_\_ Rate \_\_\_\_\_ Premium \_\_\_\_\_

Type of Policy Desired: ☐ Full Coverage ☐ \$25 Deductible ☐ \$50 Deductible ☐ \$100 Deductible ☐ \$250 Deductible ☐ \$500 Deductible

## ITEM 3 - DESCRIPTION OF PROPERTY TO BE INSURED

☐ Outboard ☐ Inboard/Outboard ☐ Inboard ☐ Sail

Article	Model Year Model Name	Make of Motor Make and Length of Boat	Horse power	Model No., Serial No. and *Type of Starter	Purchased by Applicant				Amount of Insurance
					Month	Year	New or Used	Cost	

\*Recoil, electric, or electromatic

## ITEM 4 - UNDERWRITING INFORMATION

List Drivers Other Than Applicant

Name	Age	Relation to Applicant	Percent of Use	Married	
				Yes	No
1. _____					
2. _____					

If Inboard-Outboard, maximum speed \_\_\_\_\_ M.P.H. (Acceptable up to 26 feet in length)

Is property ever loaned or rented to others?

Has applicant sustained any losses in the last 5 years that would be recoverable under this policy?

Has applicant ever been refused this kind or similar kind of insurance?

Is trailer designed to carry the boat and motor listed above?

What are primary used of boat and motor? \_\_\_\_\_

In what waters is property used? \_\_\_\_\_

Where is boat and motor kept in off season? \_\_\_\_\_

Policy numbers of present Partners Mutual Insurance held by applicant \_\_\_\_\_

Loss payable clause to \_\_\_\_\_ Mail address \_\_\_\_\_

What is the auto driving record of operators of boat? \_\_\_\_\_ Birthdates \_\_\_\_\_ License Nos. \_\_\_\_\_

Name of agent or solicitor who solicited business? \_\_\_\_\_ Date: \_\_\_\_\_

Do you unqualifiedly recommend the applicant? \_\_\_\_\_

Explain YES answers  
in REMARKS section

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

100% Direct Bill  
Send Policy To:

☐ Agency

☐ Insured

## ITEM 5 - REMARKS

Warranted that the above are True Statements which are made on the basis of the contract, should a Policy be issued.

Agency \_\_\_\_\_ Date Completed \_\_\_\_\_

Address \_\_\_\_\_ Signature of Applicant \_\_\_\_\_