

**INSURED INFORMATION:**

NAME OF BENEFICIAL OWNER(S)	DATE OF BIRTH	OCCUPATION
ADDRESS - PRIMARY RESIDENCE	CITY/STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	CITY/STATE	ZIP
EMAIL	PHONE (MOBILE)	PHONE (HOME)

If Florida resident, is Florida your only residence:  Yes  No If no, please provide details.

Is the vessel corporately owned?  Yes  No If yes, corporation name: \_\_\_\_\_

Is the vessel the only asset of this owning entity?  Yes  No If no, please provide details.

Are there multiple owners of this corporation other than a spouse?  Yes  No If yes, please provide details.

**OWNERSHIP HISTORY AND EXPERIENCE:**

Total years of Boating Experience: \_\_\_\_\_ Years of Ownership Experience: \_\_\_\_\_

Size and type of previous vessels owned: \_\_\_\_\_

Size and type of previous vessels operated: \_\_\_\_\_

Boating Education Courses:  Yes  No If yes, please provide details.

Have you or this vessel sustained any marine losses?  No  Yes

If yes, please provide date of loss, description of loss, amount paid:

Has Insurance for any vessel ever been cancelled or non-renewed?  No  Yes If yes, please provide details.

**PRIMARY VESSEL INFORMATION**

Year Built: \_\_\_\_\_ Length: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ HIN: \_\_\_\_\_

Vessel Type:  Power  Sail  Catamaran Sail  Catamaran Power

Hull Material: Fiberglass  Wood  Steel/Aluminum  Other: \_\_\_\_\_

Mast Material (If Sailboat):  Aluminum  Carbon Fiber  Wood  Other: \_\_\_\_\_

Number of Engines: \_\_\_\_\_ Propulsion Type: Outboard  Inboard  I/O  POD  Max Speed: \_\_\_\_\_

Engine(s) Year: \_\_\_\_\_ Engine(s) Manufacturer: \_\_\_\_\_ HP Per Engine: \_\_\_\_\_ Model: \_\_\_\_\_

Fuel Type: Gas  Diesel  Engine(s) Serial Numbers: \_\_\_\_\_

Equipment: Auto Fire Ext System  Fume Detector  Bilge Alarm  Carbon Monoxide Detector

Security Alarm System  Propane Fueled Appliances  Other  \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Date of Last Survey: \_\_\_\_\_ Hauled  Afloat

**ADDITIONAL VESSEL INFORMATION (IF APPLICABLE)**

Year Built: \_\_\_\_\_ Length: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ HIN: \_\_\_\_\_

Vessel Type: [  ] Power [  ] Sail [  ] Catamaran Sail [  ] Catamaran Power

Hull Material: Fiberglass [  ] Wood [  ] Steel/Aluminum [  ] Other: \_\_\_\_\_

Mast Material (If Sailboat): [  ] Aluminum [  ] Carbon Fiber [  ] Wood [  ] Other: \_\_\_\_\_

Number of Engines: \_\_\_\_\_ Propulsion Type: Outboard [  ] Inboard [  ] I/O [  ] POD [  ] Max Speed: \_\_\_\_\_

Engine(s) Year: \_\_\_\_\_ Engine(s) Manufacturer: \_\_\_\_\_ HP Per Engine: \_\_\_\_\_ Model: \_\_\_\_\_

Fuel Type: Gas [  ] Diesel [  ] Engine(s) Serial Numbers: \_\_\_\_\_

Equipment: Auto Fire Ext System [  ] Fume Detector [  ] Bilge Alarm [  ] Carbon Monoxide Detector [  ]

Security Alarm System [  ] Propane Fueled Appliances [  ] Other [  ] \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Is this Vessel Towed?  Yes  No

**TRAILERS/TENDERS/PWC DETAILS**

**TRAILER:** Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Value: \_\_\_\_\_

**TENDER:** Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Length: \_\_\_\_\_ HIN: \_\_\_\_\_ Value: \_\_\_\_\_

**TENDER ENGINE:** Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Horsepower: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Is this Tender Towed?  Yes  No

**PERSONAL WATERCRAFT:** Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Value: \_\_\_\_\_ Length: \_\_\_\_\_ HIN: \_\_\_\_\_ Horsepower: \_\_\_\_\_

**CAPTAIN/CREW INFORMATION**

Number of Full Time Crew: \_\_\_\_\_ Number of Part Time Crew: \_\_\_\_\_ Full Time Captain?  Yes  No

Captain's Name: \_\_\_\_\_ License(s) Held: \_\_\_\_\_ Captain's Loss History: \_\_\_\_\_

Is the Captain's Only Occupation to Maintain and Operate the Insured Vessel?  Yes  No

**MOORING LOCATION/VESSEL NAVIGATION/VESSEL USE**

Summer Mooring Location: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Winter Mooring Location: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Navigation Area: \_\_\_\_\_ Lay-Up Dates (From/To): \_\_\_\_\_ Ashore [  ] Afloat [  ]

Lay-Up Location: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Vessel Use: Private [  ] Charter [  ] Type of Charter: \_\_\_\_\_ Number of days Chartered: \_\_\_\_\_

Do you live aboard this vessel?  Yes  No Will this vessel be used for racing?  Yes  No

**INSURANCE COVERAGE REQUESTED**

**EFFECTIVE DATE OF COVERAGE**

COVERAGES PROVIDED	AMOUNT OF INSURANCE	DEDUCTIBLE AMOUNT
<b>PART A – Property Damage Coverage</b>	\$	\$
Commercial Towing and Assistance	\$	None
Windstorm Deductible		\$
Personal Watercraft	\$	\$250
Tenders	\$	\$250
Trailers	\$	\$250
COVERAGES PROVIDED	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT
<b>PART B – Liability Coverage</b>	\$	None
PART C – Medical Payments	\$	None
PART D – Uninsured and Underinsured Boater	\$	None
PART E – L&HWCA	Statutory	None
PART F – Personal Property	\$	\$250
<b>TOTAL PREMIUM: \$</b>		

**ADDITIONAL INFORMATION**

Current Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Loss Payee Name: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Breach of Warranty Required  No  Yes If Yes, Provide Loan Balance: \_\_\_\_\_

Additional Insured Name: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**ACKNOWLEDGEMENTS**

Fraud statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purposes of misleading information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

Applicant's Statement: I certify to the best of my knowledge all statements on this application, are true and accurate. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the company will provide further information regarding my statutory rights upon request.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_