



BOAT APPLICATION

Date _____ Exp. Prem. _____
 Your Fax Number _____ Exp. Effective Date _____
 Your Email _____ Agency _____
 Producer Name _____

******PLEASE FILL OUT COMPLETELY TO RECEIVE QUOTE******

YACHT OWNER

Name _____ DOB ____/____/____
 Address _____ City _____ State _____ ZIP _____
 Occupation _____
 Seamanship Course? Yes No Losses _____
 Drivers License # _____ Drivers License State _____

If other operators, please complete separate resume of personal boating experience.

MOORING DETAILS

Name of In-Season Marina or Other Location _____
 Address _____ City _____ State _____ ZIP _____

STORAGE DETAILS

Name of Storage Marina or Other Location _____
 Address _____ City _____ State _____ ZIP _____

YACHT

Year _____ Make _____ Model _____
 Length _____ H.P. _____ Max Speed _____ Hull ID _____ Fuel: Gas Diesel
 Fiberglass Aluminum Steel Wood Engine Drive Type: I/O I/B O/B Jet
 Yacht Type: Bass Boat Pontoon Cruiser Center Console Other: _____
 VFH: Depth Finder Radar Loran/GPS Marine Compass
 # of Engines _____ Engine Manufacturer _____ Serial # _____
 Purchase Date ____/____/____ Purchase Price \$ _____
 Intended Use: Private Pleasure Charter Fishing Guide Commercial Live Aboard
 Navigational Area _____ Lay Up Dates ____/____ to ____/____

INSURANCE COVERAGE

Hull Value \$ _____ Liability Limits: \$100,000 \$300,000 \$500,000 \$1 Million
 Trailer Value \$ _____ Dinghy Value \$ _____ Fishing Equipment \$ _____
 Medical Payments (\$1,000 Included) _____
 Other _____

Resumé of Personal Boating Experience

Please complete for each operator.

1. Name of Operator _____

Address _____

City _____ State _____ ZIP _____

2. Drivers of License Number _____ State _____

3. DOB ____/____/____ Marital Status _____

4. Occupation _____

5. Years of General Boating Experience _____ 6. Years of Titled Boat Ownership _____

7. Prior Boats You Have Owned AND/OR Operated: COMPLETE ALL CATEGORIES

Year	Length	Manufacturer	Model (CAT)	Dates Operated (from year)	Dates Operated (to year)

8. List all waters or areas you have navigated: (Atlantic, Great Lakes, Bays, Bahamas, Caribbean, etc.)

9. List Licenses, Boating Courses, Boating Education Classes, etc. completed (if none, write "none")

10. List all marine insurance claims and/or prior marine loss history in past 5 years (if none, write "none")

Date of loss _____ Loss Description _____

Date of loss _____ Loss Description _____

Date of loss _____ Loss Description _____

I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature of Insured: _____ Date: _____

Signature of Agent: _____ Date: _____