

Applicant											
Name											
Street											
Street											
City					State						
Zip											
Residence											
Business											
Fax											
Cell											
E-Mail											
Registered Owner of Vessel (if different)											
					Name						
					Street						
Lienholder					Street						
Name					City				State		
Street					Zip						
Street											
City					State			Phone	-		
Zip					Fax	--					
Named Operators											
First				Middle			Last			DOB	
Drivers Licence							Date of Last MVR				
Years Operated				USPS #				Coast Guard #			
First				Middle			Last			DOB	
Drivers Licence							Date of Last MVR				
Years Operated				USPS #				Coast Guard #			
First				Middle			Last			DOB	
Drivers Licence							Date of Last MVR				
Years Operated				USPS #				Coast Guard #			



PRIVATE PLEASURECRAFT APPLICATION

Vessel Information														
Year		Make		Model		Length								
Name		Reg#		Ser#		Speed								
Unrepaired damage Y/N				If Yes, explain:										
Previously Repaired? Y / N				If Yes, explain:										
Vessel modified? Y / N				If Yes, explain:										
Type	Sail			Power										
Configuration			Construction				Last Survey							
Multi Hull			Fiberglass			Date Purchased								
Performance			Wood / Wood over Fiberglass			New		Used						
Runabout			Aluminum			Price including tax								
Cruiser / Yacht			Steel			Vessel Value?								
Other (describe below):			Other			Value of Personal Property Aboard								
			Boat has metal flake finish			Value of Electronic Equipment?								
Engines / Trailer / Accessories														
Fuel	Gas			Diesel			Other							
Outboard			Inboard/Outboard				Inboard			Jet Drive			Turbine	
1	Year		Make/Model		Value		HP		Ser#					
2	Year		Make/Model		Value		HP		Ser#					
3	Year		Make/Model		Value		HP		Ser#					
4	Year		Make/Model		Value		HP		Ser#					
Are Engines modified or customed Y / N							Total HP							
Trailer														
Year		Make		Ser#		Value								
Accessories - Tender														
Year		Make		Model		Length								
Ser#						Value								

Accessories - Engine											
Year		Make		Model		HP					
Ser#				Value							
Accessories - Other											
1						Value					
2						Value					
3						Value					
Operation / Storage											
Mooring Address						Layup					
Area of operation	As stipulated in standard policy wording			NAVIGATION LIMITS							
	Other than above										
Describe other											
Use of Vessel											
Passengers for Hire Carried?	Y / N	How many?			Gross Receipts?	\$					
Overnight Trips	Y / N	How many?									
Live Aboard?	Y / N	How many per yr?									
Paid Crew?	Y / N	How Many?			Payroll?						
Chartered with Crew?	Y / N	Chartered without Crew?	Y / N		How Many Days per year?						
Safety Equipment				Appliances							
Alarm				Stove		Electric		Propane			
GPS Theft System				Heater		Electric		Propane			
Prop Lock				Fridge		Electric		Propane			
Trailer Wheel Lock				If any Propane, check all that apply:							
Drive Lock						Pilot Light		Auto shut off			
Other				Emer shut off		Gas sniffer					

Schedule of Insurance

Coverage	Limit	Ded.	Rate	S/C		Premium
Vessel						
Machinery						
Dinghy/Tender & Outboards						
Trailer						
Medical Payments						
Personal Property						
Liability						
					Total Premium	

Additional Coverage

Coverage	Limit	Ded.	Rate	S/C		Premium
Additional Equipment						
Accidental Death						
Captain's Personal Property						
Captain and Crew Liability (non-Jones Act)						
Captain and Crew Jones Act Coverage						

Insurance History

Previous Insurer		Ever been Cancelled	Y / N
Policy #		If Yes, explain:	
Expiry Date			

Claims

Date	Description	Amount

Declarations and Signature	
<p>The undersigned represents and warrants to the insurer, either as the registered owner, or as the person duly authorized by the registered owner to complete and sign this application on its behalf, that the statements set forth in this Application are true and correct and acknowledges that the insurer is relying solely upon such representation and warranty as the basis for any insurance that may be granted to the applicant.</p> <p>The undersigned agrees that:</p> <ol style="list-style-type: none"> 1) the signing of this application does not bind them, the registered owner or the insurer to effect insurance; 2) if there is any change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent in writing to the insurer, and any outstanding quotation may be modified or withdrawn; and 3) the insurer is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary. 	Signature of Applicant
	Signature of Agent
	Date
	<p>Any person, who knowingly or with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading the insurer, information concerning any fact material thereto, commits a fraud.</p>