Marine Insurance Application



Requested Policy Type:

- Yachtsman® Policy (Agreed Value for vessels 27' and greater)
- Departure Yacht Policy® (ACV for vessels 27' and greater)
- Charter Policy (Agreed Value)

- Boatsman® Policy (Agreed Value for vessels less than 27')
- High Performance ProgramSM (ACV)
- Departure CharterSM Policy (ACV)

INSURED INFORMATION

POLICY TO BE ISSUED IN THE NAME OF	NAME OF BENEFICIAL OWNER (IF DIFFERENT) / ADDITIONAL OWNER
RESIDENCE ADDRESS	RESIDENCE ADDRESS
CITY STATE ZIP	CITY STATE ZIP
MAILING ADDRESS (IF DIFFERENT)	BILLING ADDRESS (IF DIFFERENT)
CITY STATE ZIP	CITY STATE ZIP

OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN PRIMARY OWNE	ER'S EMAIL		PRIMARY OWNER'S MARITAL	STATUS PRI	MARY OWNER'S HOME	OWNERSHIP/RESIDENCE STATUS
					Own	Rent Other
PRIMARY OWNER'S PHONE NUMBER PRIMA	RY OWNER / BEN	NEFICIAL OWNER'S O	CCUPATION PRIMARY	OWNER / BENER	FICIAL OWNER'S EMPLO	OYER OR NAME OF OWNED BUSINESS
DOES PRIMARY OPERATOR HOLD A U.S.C.G.	LICENSE?	IS THERE A PAIL	CAPTAIN? CA	APTAIN HOLD A L	J.S.C.G. LICENSE?	TOTAL # OF PAID CREW
Yes No		Ye	s 🔽 No	ΓY	es 🔽 No	
(IF YES, ATTACH COPY)		(IF YES,	ATTACH RESUME)	(IF YES	, ATTACH COPY)	(INCL. CAPTAIN)
REGULAR OPERATOR NAME(S)	D/O/B	BOATING COURSES	DRIVER LICENSE # / STATE			USLY OWNED VESSELS
		☐Yes ☐No		OWNED		NGTH / MAKE / MODEL)
		∏Yes ∏No				
		Yes No				
		∏Yes ∏No				
		Yes No				

LOSS & INSURANCE HISTORY

DOES PRIMARY OWNER(S) CURRENTLY HAVE INSURANCE FOR THIS VESSEL?	PREVIOUS / CURRENT INSURANCE COMPANY NAME AND PREMIUM:
HAS OWNER EVER HAD INSURANCE CANCELLED, NON-RENEWED OR DECLINED?	IF YES, GIVE COMPANY NAME(S), DATE(S) AND REASON(S):
HAS ANY OWNER OR OPERATOR SUSTAINED ANY MARINE CLAIMS OR LOSSES? \Box Yes \Box No	IF YES, PROVIDE COMPANY NAMES, DATE(S) OF LOSS/CLAIM, CAUSE AND AMOUNT PAID:
DOES VESSEL HAVE UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE?	IF YES PROVIDE DETAILS:

VESSEL & EQUIPMENT INFORMATION

YEAR BUILT LENGTH (FEET) BUILDER/MANUFACTURER		NAME		VESSEL TYPE (POWER/S)	AIL; SINGLE/MULTI-HULL)
PURCHASE PRICE PURCHASE DATE HULL ID / DOCUMENTATION #			VESSEL'S NAME		MAXIMUM SPEED (MPH)
HULL MATERIAL	Other	AST MARINE SU		ST MATERIAL (<i>IF SAILBOAT</i>)	
ENGINE/PROPULSION DRIVE SYSTEM: Outboard Inboard I/O Inbo Inboard Inboard Non- Inboard/Jet Inboard/Surface Piercing Non-	oard/POD	OF ENGINES	TOTAL H.P. FU	EL TYPE Gas w/ No Fume Detector Gas w/ Fume Detector	Diesel Hybrid/Electric
ENGINE MANUFACTURER	YR BUILT H.P.		E SERIAL NUMBER	RS (OUTBOARD ONLY)	
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Marine Insurance Application (continued) Named Insured

Named Insured:	Contract ID:				
EQUIPMENT (check all that apply)					
Built-in Auto Fire Extinguishing System Fume Detector	s Sustam:				
	(MANUFACTURER/MODEL/TYPE)				
TRAILER MANUFACTURER YEAR BUILT PURCHASE DATE	RAILER VALUE TRAILER SERIAL NUMBER				
\$					
TENDER/DINGHY COVERAGE OPTIONS Tender/Dinghy Not Scheduled (No Charge): Actual Cash Value an	d Vessel Hull Deductible Amount applies†				
+ However, if policy type is Yachtsman or Boatsman, then tenders 17 ft or less in length with r					
Tender/Dinghy Scheduled (Charge): Deductible Option:	\$250 \$500				
Loss Settlement Optic	on: Agreed Value Actual Cash Value				
Tender Value:	Included (in vessel hull limit)				
TENDER/DINGHY INFORMATION (ONLY REQUIRED IF TENDER/DINGHY IS SCHEDULED)					
Tender Year: Manufacturer:	Model:				
Tender Value: \$ Length: (ft) Purchase Date:	Serial #:				
Motor Year: Motor Mfg.:	Serial #:				
Motor HP: Motor Value: \$ (outboards of	only) Motor Type: Outboard Inboard Inboard/Outdrive				
OPERATION OF VESSEL WATERS TO BE NAVIGATED					
J LAY UP P <u>ERIOD (NOT</u> APPLICABLE IF REQUE <u>STED POLICY T</u> YPE IS BOATSMAN)	IF LAID UP, VESSEL IS DECOMISSIONED				
From: (MM/DD) To: (MM/DD)	Ashore				
BERTH/MOORING LOCATION OF VESSEL (JUNE - NOVEMBER)	BERTH/MOORING TYPE FROM JUNE - NOVEMBER (check one)				
Marina Name:	Afloat @ Dock/Slip				
Mooring Address:	On Hydraulic Lift On Trailer				
Mooring City: Mooring State	Rack Storage (Inside)				
Mooring Zip Code: Country:	On Jack Stands or Stilts				
BERTH/MOORING LOCATION OF VESSEL (DECEMBER - MAY)	BERTH/MOORING TYPE FROM DECEMBER - MAY (check one)				
Marina Name:	Afloat @ Dock/Slip				
Mooring Address:	On Hydraulic Lift On Trailer				
Mooring City: Mooring State	Rack Storage (Inside)				
Mooring Zip Code: Country:	On Jack Stands or Stilts Other				
VESSEL IS: (check all that apply) Raced in other than club races	ived aboard on a permanent / semi-permanent basis				
	hartered w/ Captain/Crew days/year, with passengers (max).				
	stored on trailer at Apartment/Condominium				
INSURANCE COVERAGE REQUESTED Primary Coverage Limit Deductible	EFFECTIVE DATE OF COVERAGE: Supplemental Coverage Limit Deductible				
	(THIS FIELD FOR COMPANY USE ONLY)				
Liability Coverage (incl. Pollution ¹) \$					
Medical Payments (per person) \$					
Uninsured Boater \$					
L&HCA Statutory Limits					
Trailer \$					
Unscheduled Pers. Property \$					
Towing & Assistance \$					
Tender/Dinghy \$					
Owner's Liability to Paid Crew \$					
*Note: Separate windstorm deductible may apply based on the navigation area and mooring state.					
¹ If Liability Coverage applies, Pollution Liability amount meets the owner's statutory liability as specified in the C Pollution Act of 1990 and any subsequent amendments.)il				

Marine Insurance Application (continued)

Named Insured:	Contract ID:
SPECIAL CONDITIONS / OTHER COVERAGES	

LOSS PAYEE / ADDITIONAL INSURED INFORMATION

Loss Payee	Additional Insured	Loss Payee	Additional Insured
NAME:		NAME:	
NAME (CONTINUED):		NAME (CONTINUED):	
ADDRESS:		ADDRESS:	
ADDRESS (CONTINUED):		ADDRESS (CONTINUED):	
	STATE ZIP	СІТҮ	STATE ZIP

ACKNOWLEDGEMENTS

Important Notice Regarding The Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

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.

Notice to Rhode Island Insurance Applicants: Rhode Island law now requires that you disclose prior arson convictions. Failure to do so is a criminal offense. The law also permits insurers to deny coverage in cases where an insured has an arson conviction within the past 10 years. Please answer the following question:

Have you ever been convicted of arson?

If yes, please provide date of conviction

Owner's Statement: I certify that to the best of my knowledge all statements on this application are true. 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.

Producer's Statement: My (the agent/producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis to believe that the information is anything but truthful.

SIGNATURE OF OWNER (If not beneficial owner, then power of attorney must be in place to be valid.)	DATE
AGENCY NAME	PRODUCER CODE
SIGNATURE OF PRODUCER	DATE