



# COMMERICAL MARINE INSURANCE APPLICATION

REQUESTED EFFECTIVE DATE:	General Agent Code : _____ Producer Code: _____
APPLICANT NAME MAILING ADDRESS CITY / STATE / ZIP CODE PRINCIPAL CONTACT; TITLE	PRODUCER NAME & ADDRESS  PRODUCER PHONE NUMBER: _____ FAX NUMBER: _____
PHYSICAL ADDRESS OF OPERATION; LIST ALL LOCATIONS  COUNTY _____ PHONE NUMBER _____	ADDITIONAL INTEREST(S) AND RELATIONSHIP TO APPLICANT
<b>LIENHOLDER</b> NAME AND ADDRESS	<b>PREMIUM FINANCE COMPANY</b> NAME AND ADDRESS

HOW ARE WATERCRAFT USED BY THIS OPERATION?

WHAT IS THE EXPERIENCE OF THE PRINCIPALS WITH THIS TYPE OF OPERATION

<b>ORGANIZATION</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP  <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE  <input type="checkbox"/> OTHER: _____	<b>OPERATING PERIOD</b> <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONALLY  FROM: _____  TO: _____	<b>OPERATING FROM</b> <input type="checkbox"/> MARINA <input type="checkbox"/> BEACH FRONT  <input type="checkbox"/> PUBLIC RAMP <input type="checkbox"/> OTHER: _____	HOW MANY YEARS HAS APPLICANT OWNED/OPERATED THIS BUSINESS? _____  HOW MANY YEARS HAS APPLICANT OPERATED FROM THIS LOCATION? _____  GROSS RECEIPTS FOR THIS OPERATION LAST YEAR \$ _____  PROJECTED GROSS RECEIPTS FOR THIS YEAR \$ _____
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LIST AND DESCRIBE ALL OTHER COMMERCIAL ACTIVITIES CONDUCTED ON THE PREMISE, WHETHER OWNED OR NON-OWNED

IF OWNED, IS THERE OTHER INSURANCE IN FORCE?  
 NO  YES, EXPLAIN:

PREVIOUS INSURANCE CARRIER: _____  EXPIRATION DATE: _____	HAS ANY COMPANY EVER CANCELED OR NON-RENEWED INSURANCE FOR THIS APPLICANT? (MISSOURI RESIDENTS NEED NOT ANSWER) <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:
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**NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION**

<input type="checkbox"/> US INLAND RIVERS/ WATERWAYS ONLY <input type="checkbox"/> COASTAL <u>UP TO 25 MILES OFFSHORE</u> (CHARTER RISKS 50 MILES) <input type="checkbox"/> ATLANTIC <input type="checkbox"/> PACIFIC <input type="checkbox"/> GULF <input type="checkbox"/> BAHAMAS <input type="checkbox"/> GREAT LAKES & TRIBUTARIES <input type="checkbox"/> LAKE MEAD, POWELL, TAHOE	<b>Extended Navigation Limits-- NO BINDING AUTHORITY IS EXTENDED</b> SUBMIT FOR APPROVAL WITH DETAILED BATING EXPERIENCE RESUME, MVR AND CURRENT SURVEY. OFFSHORE NAVIGATION LIMIT DESIRED: <input type="checkbox"/> 25 - 50 miles offshore <input type="checkbox"/> 50 - 75 <input type="checkbox"/> 75 - 100
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ADDRESS WHERE VESSEL IS KEPT WHEN IN SERVICE:	ADDRESS WHERE VESSEL IS STORED WHEN LAID-UP:  <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT (NO LAYUP CREDIT ALLOWED IF AFLOAT) LAY-UP PERIOD (MM/DD/YY) From: _____ To: _____
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**FIVE YEAR CLAIMS HISTORY - WATERCRAFT & PREMISES**

DATE OF EVENT	DETAILS OF LOSS OR CLAIM	AMOUNT OF CLAIM	STATUS



# CHARTER VESSEL / MISC. COMMERCIAL USE SECTION (A)

## OPERATOR AND CREW (REQUIRED INFORMATION)

#	NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER AND STATE	POSITION	USCG LICENSE
1					
2					
3					

A) CREW POSITIONS ARE:  FULL TIME  PART TIME  SEASONAL  VOLUNTEER

B) ARE EMPLOYEES IN GOOD HEALTH AND ABLE TO HANDLE THE RESPONSIBILITIES OF THIS JOB?  NO  YES

C) IS ANY EMPLOYEE UNDER MEDICAL CARE, TAKING MEDICATION OR SEEKING TREATMENT AT THIS TIME?  NO  YES

D) IS ANY EMPLOYEE COVERED UNDER ANY WORKERS COMPENSATION OR OTHER BENEFITS PROGRAM?  NO  YES

E) IS ANY EMPLOYEE ENROLLED OR PARTICIPATING IN ANY SAFETY PROGRAMS?  NO  YES

F) HAS ANY EMPLOYEE BEEN HOSPITALIZED WITHIN THE PAST YEAR?  NO  YES

EXPLAIN IF YES WAS ANSWERED TO ANY OF THE ABOVE QUESTIONS:

DOES THE OWNER EMPLOY A CAPTAIN, CREW OR OTHER EMPLOYEES TO OPERATE OR MAINTAIN THIS VESSEL?

NO  YES, EXPLAIN: \_\_\_\_\_

DOES THE OPERATOR OR MASTER HOLD THE APPROPRIATE LICENSE FOR THIS VESSEL AND USAGE?

NO  YES, EXPLAIN: \_\_\_\_\_

## VESSEL INFORMATION

DOCUMENTATION		VESSEL NAME	LENGTH	WEIGHT	TOTAL HP	MAX SPEED	FUEL	FUEL CAPACITY
							<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	
Property	Year	Manufacturer & Model Name		Hull Id / Serial Number		Purchase Date	Purchase Price	Current Value
VESSEL								
ENGINE #1		HP:						
ENGINE #2		HP:						
TENDER								
TENDER ENGINE		HP:						
TRAILER								
EQUIPMENT	TOTAL FROM EQUIPMENT SCHEDULE							
TOTAL VALUE: VESSEL, ENGINES, TENDER PLUS EQUIPMENT (FROM PAGE 4)								
PERSONAL EFFECTS	TOTAL FROM PERSONAL EFFECTS							

BOAT TYPE	BOAT POWER	HULL TYPE	HULL MATERIAL	SAFETY/ANTI-THEFT EQUIPMENT	
<input type="checkbox"/> AUX-SAILBOAT  <input type="checkbox"/> BASS BOAT /FLATS BOAT <input type="checkbox"/> EXPRESS CRUISER  <input type="checkbox"/> MOTOR YACHT <input type="checkbox"/> RUNABOUT/ <input type="checkbox"/> SPORT FISHERMAN <input type="checkbox"/> TRAWLER <input type="checkbox"/> OTHER:	<input type="checkbox"/> INBOARD  <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTBOARD  <input type="checkbox"/> JET DRIVE <input type="checkbox"/> AIRBOAT <input type="checkbox"/> SAIL (INDICATE RIG) <input type="checkbox"/> OTHER:	<input type="checkbox"/> V - HULL  <input type="checkbox"/> DEEP V - HULL <input type="checkbox"/> BI-HULL  (CAT, PONTOONS) <input type="checkbox"/> TRI - HULL <input type="checkbox"/> TUNNEL HULL <input type="checkbox"/> DISPLACEMENT <input type="checkbox"/> OTHER:	<input type="checkbox"/> FIBERGLASS  <input type="checkbox"/> ADVANCED COMPOSITE <input type="checkbox"/> WOOD  <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> INFLATABLE <input type="checkbox"/> OTHER:	<input type="checkbox"/> MARINE COMPASS  <input type="checkbox"/> DEPTH FINDER <input type="checkbox"/> VHS SHIP TO SHORE RADIO  <input type="checkbox"/> LORAN, SAT NAV OR GPS <input type="checkbox"/> RADAR <input type="checkbox"/> EPIRP <input type="checkbox"/> ELECTRONIC BURGLAR ALARM	<input type="checkbox"/> OUTBOARD/OUTDRIVE LOCKS <input type="checkbox"/> PROPELLER HUB LOCKS <input type="checkbox"/> TRAILER BALL OR AXLE LOCKS <input type="checkbox"/> VAPOR DETECTION SYSTEM <input type="checkbox"/> SMOKE DETECTORS <input type="checkbox"/> AUTO FIRE EXTINGUISHER IN ENGINE SPACE
DOES VESSEL COMPLY WITH ALL USCG REQUIREMENTS?					

ARE MAINTENANCE AND OPERATION LOGS KEPT FOR THIS VESSEL?

NO  YES, EXPLAIN:

Date Of Last Haul Out & Work Completed:

HAVE THE VESSEL, ENGINE(S) OR OPERATING EQUIPMENT BEEN MODIFIED OR ALTERED FROM THEIR ORIGINAL STOCK CONDITION?

NO  YES, EXPLAIN:

IS THERE ANY PRE-EXISTING DAMAGE TO THIS VESSEL?

NO  YES, EXPLAIN:



# CHARTER VESSEL / MISC. COMMERCIAL USE SECTION (B)

DAYS PER YEAR THIS VESSEL CHARTERED OR USED COMMERCIALY:	DAYS PER YEAR THIS VESSEL IS USED FOR PLEASURE ONLY:
MAXIMUM NUMBER OF PASSENGERS FOR HIRE:	AVERAGE NUMBER OF PASSENGERS FOR HIRE:
DO PASSENGERS STAY ONBOARD THE VESSEL OVERNIGHT? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:	IS FOOD OR LIQUOR SERVED TO THE PASSENGERS? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:
DO PASSENGERS SWIM, SNORKEL OR SCUBA FROM THE VESSELS? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:	DO YOU TOW PASSENGERS ON WATER-SKIS OR WATER TOYS? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:
REMARKS OR EXPLANATIONS:	

### SCHEDULE OF VESSEL EQUIPMENT

ITEMIZE EQUIPMENT THAT IS GENERALLY KEPT ONBOARD AND REQUIRED FOR THE SAFE OPERATION, NAVIGATION OR MAINTENANCE OF THE WATERCRAFT. THIS COVERAGE IS NOT AUTOMATIC. INCLUDE THE TOTAL ON PAGE 3. USE ADDITIONAL SHEET IF NECESSARY.

DESCRIPTION, MAKE, MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
MISCELLANEOUS VESSEL EQUIPMENT, WHERE THE VALUE FOR NO SINGLE ITEM IS GREATER THAN \$500 (LIMIT \$,1000)				
<b>TOTAL VESSEL EQUIPMENT</b>				

### SCHEDULE OF PERSONAL EFFECTS

LIST ITEMS, WHICH BELONG TO YOU SUCH AS FISHING GEAR, CAMERAS, SCUBA EQUIPMENT, PORTABLE RADIOS, AND WEARING APPAREL, ETC., FOR WHICH YOU DESIRE COVERAGE. THIS COVERAGE IS NOT AUTOMATIC. INCLUDE ON PAGE 3

DESCRIPTION, MAKE, MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
MISCELLANEOUS PERSONAL EFFECTS WHERE THE VALUE FOR NO SINGLE ITEM IS GREATER THAN \$500 (LIMIT \$,1000)				
<b>TOTAL PERSONAL EFFECTS</b>				

COVERAGE	LIMITS REQUESTED	DEDUCTIBLE	PREMIUM
WATERCRAFT AND EQUIPMENT		(2% MINIMUM) ____%	
WATERCRAFT LIABILITY			
CREW LIABILITY		2500	
MEDICAL PAYMENTS		100	
PREMISES LIABILITY (SUBMIT PREMISES APP.)		0	
PERSONAL EFFECTS		250	
TRAILER PHYSICAL DAMAGE		250	

PLEASE PROVIDE THE FOLLOWING:

<input type="checkbox"/> COPY OF ANY REQUIRED CAPTAIN OR GUIDES LICENSE	<input type="checkbox"/> RESUME OF CAPTAIN & CREW DESCRIBING MARINE EXPERIENCE
<input type="checkbox"/> RECENT MARINE SURVEY IF VESSEL IS OVER 7 YEARS OLD	<input type="checkbox"/> USCG CERTIFICATE OF INSPECTION IF APPLICABLE
<input type="checkbox"/> PHOTOS OF THE UNCOVERED VESSEL, BOW, SIDE & STERN	<input type="checkbox"/> ANY PROMOTIONAL BROCHURE
<input type="checkbox"/> MARINE PREMISES LIABILITY APPLICATION, IF THIS COVERAGE IS DESIRED	

### APPLICANT'S STATEMENT AND SIGNATURE

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508). I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided. The foregoing statements made and signed by the applicant represents the information set forth as correct and a true basis on which insurance may be granted but in no way binds the applicant to accept a quotation or the insurers to accept the risk. If coverage is bound by the Company, this application will attach to and be made part of the policy. **FRAUD WARNING: any person who knowingly and with intent to defraud any insurance company filed an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime**

Applicant's Signature	Date	Producer's Signature	Date
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# MARINE CRAFT-MASTER

This is not a Binder

- Great American Insurance Company of New York
- Great American Insurance Company
- \_\_\_\_\_

NAME OF APPLICANT _____	PRODUCER NAME AND ADDRESS _____	
ADDRESS - NUMBER AND STREET _____		
CITY _____ STATE _____ ZIP _____		
TYPE OF WORK (CHECK ALL THAT APPLY AND PERCENTAGE):		
<input type="checkbox"/> Fiberglass _____ %	<input type="checkbox"/> Carpentry _____ %	<input type="checkbox"/> Engines _____ %
<input type="checkbox"/> Electronics _____ %	<input type="checkbox"/> Rigging _____ %	<input type="checkbox"/> Welding _____ %
<input type="checkbox"/> Canvas repair/install _____ %	<input type="checkbox"/> Painting _____ %	<input type="checkbox"/> Gas Freeing _____ %
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Diving (describe) _____		
<input type="checkbox"/> If engine work performed, describe _____		
TYPE OF WATERCRAFT:		
<input type="checkbox"/> Private pleasure <input type="checkbox"/> Commercial (describe) _____		
SIZE OF WATERCRAFT:		
Average length _____	Maximum length _____	
Average value _____	Maximum value _____	
LOCATION(S) WHERE WORK IS PERFORMED _____		
If numerous locations, describe operating radius _____		
Propellers pulled or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No    Any towing of watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No    Any hauling/launching? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you operate or own any watercraft as part of your work? <input type="checkbox"/> Yes <input type="checkbox"/> No    P&I Insurance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe: _____		
Are you a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you subcontract work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you obtain certificates of insurance? <input type="checkbox"/> Yes (Limit \$ _____ ) <input type="checkbox"/> No		
Are you named as an insured on other policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		

What are the annual gross receipts? \$ \_\_\_\_\_

Do you employ any staff?  Yes  No If yes, full-time \_\_\_\_\_ part-time \_\_\_\_\_

Do you own, rent or lease any property?  Yes  No If yes, approximate size of property \_\_\_\_\_

Please describe the property including age of buildings, type of construction and security.

Do you have any docks on your property?  Yes:  No If yes, how many slips? \_\_\_\_\_

How long has this business existed? \_\_\_\_\_

Owner: Date of birth \_\_\_\_\_ Years in this trade \_\_\_\_\_

Licenses held \_\_\_\_\_

Certifications/education \_\_\_\_\_

Past employment positions \_\_\_\_\_

Employee: For each employee list years with this business and certifications (attach separate page if necessary)

Name \_\_\_\_\_ Years \_\_\_\_\_ Certifications \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_ Certifications \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_ Certifications \_\_\_\_\_

Limit of liability requested \$ \_\_\_\_\_ Effective date \_\_\_\_\_

Current insurance company \_\_\_\_\_

Has your insurance ever been cancelled or nonrenewed? \_\_\_\_\_  Yes  No

If yes, please explain \_\_\_\_\_

PROPERTY OF THE APPLICANT

Limit desired \$ \_\_\_\_\_

Schedule of tools and equipment (unless scheduled, no item to be valued more than \$:100).

Description - Manufacturer - Model	How Many?	Insurance Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHERE ARE TOOLS AND EQUIPMENT STORED?

SECURITY MEASURES ARE USED TO REDUCE THEFT/VANDALISM DAMAGE?

PROPERTY OF OTHERS AT APPLICANT'S PREMISES

Limit desired \$ \_\_\_\_\_  
(max. \$50,000)

Describe property (other than watercraft)

Location where property kept

Maximum value any one item \_\_\_\_\_

PROPERTY OF OTHERS WHILE IN TRANSIT

Limit desired \$ \_\_\_\_\_  
(max. \$50,000)

Describe property (other than watercraft)

Describe when and reason for property to be in applicant's vehicles

DESCRIBE ALL LOSSES, WHETHER OR NOT INSURED, FOR THE LAST 5 YEARS

Date of Loss	Details of Loss	Total Amount of Damage
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE	COMPANY TITLE	DATE
PRODUCER SIGNATURE	COMPANY TITLE	DATE

Additional Comments:

<b>INSUREDS NAME:</b>		
<b>FULL MAILING ADDRESS (including ZIP/Post Code where available):</b>		
<b>BENEFICIAL OWNER (this should be completed if vessel is insured in a company name or if the beneficial owner of the vessel is someone other than the Named Insured):</b>		
<b>EFFECTIVE DATE FROM: (MM/DD/YR)</b>	<b>TO: (MM/DD/YR)</b>	<b>0.01hrs LST</b>
<b>VESSEL NAME:</b>	<b>HULL ID:</b>	<b>LENGTH:</b>
<b>MANUFACTURER/MODEL:</b>		<b>YEAR BUILT:</b>
<b>PURCHASE PRICE:</b>	<b>DATE OF PURCHASE:</b>	<b>PRESENT VALUE:</b>
<b>MAXIMUM SPEED:</b>		<b>VESSEL FLAG:</b>

**COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER**

COVERAGES	LIMIT
HULL PHYSICAL DAMAGE	
TENDER/DINGHY	
MEDICAL PAYMENTS	
PERSONAL PROPERTY	
TRAILER	
BREACH OF WARRANTY (APPLICABLE LOSS PAYEE MUST BE DETAILED ON PAGE 4)	
THIRD PARTY LIABILITY	
LIABILITY TO PAID CREW	
COMMERCIAL PASSENGER LIABILITY	
UNINSURED BOATERS (MAXIMUM AVAILABLE US\$100,000)	
OTHER (PLEASE SPECIFY)	

**PLEASE TICK THE APPROPRIATE BOXES – IF YOU ANSWER ‘OTHER’ TO ANY SECTION, PLEASE GIVE DETAILS**

<b>PRIMARY POWER</b>	<input type="checkbox"/> SAIL	<b>TYPE OF VESSEL</b>	<input type="checkbox"/> SAILBOAT
	<input type="checkbox"/> OUTBOARD		<input type="checkbox"/> MOTOR YACHT
	<input type="checkbox"/> INBOARD		<input type="checkbox"/> SPORTSFISHER
	<input type="checkbox"/> OTHER		<input type="checkbox"/> PERFORMANCE
<b>HULL MATERIAL</b>	<input type="checkbox"/> FIBREGLASS	<b>TYPE OF HULL</b>	<input type="checkbox"/> HOUSEBOAT
	<input type="checkbox"/> STEEL		<input type="checkbox"/> OTHER
	<input type="checkbox"/> ALUMINIUM		<input type="checkbox"/> MONOHULL
	<input type="checkbox"/> WOOD	<input type="checkbox"/> CATAMARAN	
	<input type="checkbox"/> KEVLAR	<input type="checkbox"/> OTHER	
<input type="checkbox"/> CARBONFIBRE	<b>FUEL TANK</b>	<input type="checkbox"/> METAL	
<input type="checkbox"/> OTHER		<input type="checkbox"/> FIBREGLASS	

**PLEASE DETAIL ALL FIRE PREVENTION/EXTINGUISHING EQUIPMENT INSTALLED OR KEPT ON VESSEL:**

<b>DATE VESSEL LAST SURVEYED (MM/DD/YR):</b>	<b>ASHORE OR AFLOAT</b>	<b>HAS SURVEY BEEN SUPPLIED TO UNDERWRITER? (circle one)</b>
		YES                  NO



ENGINE/OUTBOARD DETAILS					
	HP	MANUFACTURER	FUEL	YEAR	SERIAL NO#
#1					
#2					
#3					

PLEASE ADVISE THE FOLLOWING DETAILS FOR ALL ENGINES DETAILED ABOVE

	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
#1			
#2			
#3			

PRIMARY MOORING LOCATION OF VESSEL (INCLUDING ZIP/POST CODE WHERE AVAILABLE) BETWEEN JULY 1<sup>ST</sup> - NOV 1<sup>ST</sup>  
 PLEASE SPECIFY WHETHER VESSEL WILL BE ASHORE/AFLOAT (MOORED)/OR ON A HOIST. IF YOU ARE UNABLE TO PROVIDE A ZIP/POST  
 CODE, PLEASE ADVISE LONGITUDE & LATITUDE.

WHAT ANTI-THEFT PRECAUTIONS ARE THERE WHEN THE VESSEL IS ON A TRAILER OR KEPT ONSHORE?

ALL WATERS TO BE NAVIGATED THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY)

WILL THE VESSEL BE LAID UP DURING THIS POLICY PERIOD (PLEASE DETAIL EXACT DATES & WHETHER ASHORE OR AFLOAT)

TENDERS OR DINGHIES (FULL DETAILS PLEASE):

TRAILER INFORMATION:

MANUFACTURER	YEAR BUILT	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	SERIAL #

**GENERAL INFORMATION - IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW PLEASE GIVE FULL DETAILS ON A SEPARATE SHEET - ALSO SEE GUIDANCE NOTES.**

#		YES	NO	#		YES	NO
1	IS THIS VESSEL CHARTERED TO OTHERS WITH A CAPTAIN?			6	IS THIS VESSEL USED FOR WATERSKIING OR DIVING WHETHER OR NOT VESSEL IS OPERATED COMMERCIALY		
2	IS THIS VESSEL CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT)?			7	WILL THIS VESSEL BE OPERATED SINGLE HANDED AT NIGHT?		
3	IS THIS VESSEL USED FOR FARE PAYING PASSENGERS? IF YES			8	DOES ANYONE RESIDE ABOARD THE VESSEL?		
	WHAT NUMBER OF PASSENGERS PER TRIP (MAXIMUM & AVERAGE)	MAX	AVGE	9	WILL THIS VESSEL BE USED FOR RACING DURING THIS POLICY PERIOD?		
	NUMBER OF TRIPS PER YEAR (MAXIMUM & AVERAGE)			10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
4	DOES THE APPLICANT EMPLOY PAID CREW? IF YES			11	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
	HOW MANY?			12	HAVE YOU OR ANY NAMED OPERATOR BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?		
5	IS THIS VESSEL USED COMMERCIALY OR FOR BUSINESS PURPOSES?	YES	NO				

**GUIDANCE NOTES:**

1	IS THIS VESSEL CHARTERED TO OTHERS WITH A CAPTAIN?	Please complete supplementary sheet CAPTAIN CHARTER
2	IS THIS VESSEL CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT)?	Please complete supplementary sheet BAREBOAT CHARTER
4	DOES THE APPLICANT EMPLOY PAID CREW?	Please complete supplementary sheet CREW
9	WILL THIS VESSEL BE USED FOR RACING DURING THIS POLICY PERIOD?	Please complete supplementary sheet RACING

**ALL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS**

A	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years	
1					
		Yrs of Boat Ownership		Yrs of Boating Experience	
		Boating Qualifications			
		Details of Previous vessels Owned/Operated			
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES please give details & amounts paid:			
		Have you ever been convicted of a criminal offence or pleaded no contest?			
2					
		Yrs of Boat Ownership		Yrs of Boating Experience	
		Boating Qualifications			
		Details of Previous vessels Owned/Operated			
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES please give details & amounts paid:			

	Have you ever been convicted of a criminal offence or pleaded no contest?
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**WARNING: THIS IS A NAMED OPERATOR ONLY POLICY. ANY PERSON OPERATING THIS VESSEL WITHOUT PROVIDING FULL DETAILS & RECEIVING WRITTEN ACCEPTANCE BY UNDERWRITERS WILL NOT BE COVERED.**

LOSS PAYEE(S) (PLEASE PROVIDE NAME & FULL MAILING ADDRESS):

ADDITIONAL ASSURED(S) REQUIRED - PLEASE PROVIDE FULL NAME, ADDRESS AND REASON FOR INCLUSION AS AN ADDITIONAL ASSURED.

**PLEASE READ BEFORE SIGNING APPLICATION**

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. Any misrepresentation in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
3. A photograph of the vessel is required to be submitted with this application.
4. Fraud Statement - please see page 5 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.

APPLICANT SIGNATURE:	PRINT NAME & STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED INSURED/BENEFICIAL OWNER	SIGNATURE DATE:
PRODUCING BROKER:		

**Applicable in California**

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California Insurance Frauds Prevention Act 1871.2

**Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony\*

\*In Florida – Third Degree Felony

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

**Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

**Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

**Applicable in New Jersey**

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to the criminal prosecution and civil penalties

**Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

**Applicable in Pennsylvania**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**HURRICANE QUESTIONNAIRE / PLAN**

<b>Assured:</b>		<b>Policy No:</b>	200/658/
<b>Name of vessel:</b>		<b>Policy Period:</b>	

1. Where will the vessel be between 1<sup>st</sup> July and 1<sup>st</sup> of November?

2. If vessel is laid up will it be:                    a) Afloat                    b) Ashore

3. Name, address and contact details of marina or residence where vessel is located between 1<sup>st</sup> July and 1<sup>st</sup> of November:

4. Other than yourself, does anybody have authority to inspect the vessel &/or to move it in your absence in order to protect it from danger?

a) Yes

b) No

If you answered Yes, please advise the name of the person & their relationship to you (for example: Neighbour or Marina Manager)

5. How frequently do you or the person named in (3) above visit the vessel if it has no permanent crew?

6. If the vessel will be afloat between 1<sup>st</sup> of July and 1<sup>st</sup> of November please give full details of your plan for protecting the vessel in the event of any storm warning, including intended places of refuge, mooring and/or anchoring arrangements and how the vessel will be secured. (Use a separate sheet if necessary.)

7. Please supply details of your back up plan (in the event you are prevented from implementing your initial plan).

8. If the vessel will be laid up ashore between 1<sup>st</sup> of July and 1<sup>st</sup> of November will the vessel be supported by props chained and/or welded together professionally?

a) Yes

b) No

9. Please list below all other measures being taken to protect the vessel in the event of a storm (please give details)?

**It is hereby warranted that in the event of a named or numbered storm warning or advisory issued by any competent local authority I/we will make every effort to secure the above vessel and/or its equipment in accordance with the representations stated above including but not limited to the removal and storage of Bimini and dodgers ,top canvas, removable enclosures, loose upholstery, cushions, roller furling headsails, sails, outriggers and antennas liferafts, hard or rubber tenders.**

**I declare that the particulars and answers contained in this form are correct and complete in every respect . I agree that this declaration and warranty shall be incorporated in its entirety into any relevant policy of insurance.**

Signed:

Date: