



Application Form

Assured Name:	Assured DOB (MM/DD/YYYY):	Effective Date (MM/DD/YYYY):
Beneficial Owner: <i>(this should be completed if the vessel is insured in a company name, or if the beneficial owner of the vessel is someone other than the Named Assured):</i>		
Mailing Address:		
Email:	Phone:	

VESSEL INFORMATION

Vessel Name:	Year	Length	Manufacturer/ Model:		
Hull ID Number:	Flag	Max Speed	Purchase Date	Purchase Price	Present Value
Primary Power	Outboard <input type="checkbox"/>	Inboard <input type="checkbox"/>	Sail <input type="checkbox"/>	I/O <input type="checkbox"/>	
Hull Material	Fiberglass <input type="checkbox"/>	Metal <input type="checkbox"/>	Wood <input type="checkbox"/>	Kevlar <input type="checkbox"/>	Carbon Fiber <input type="checkbox"/>
Type of Vessel	Motor Yacht <input type="checkbox"/>	Sailboat <input type="checkbox"/>	Catamaran <input type="checkbox"/>	Cruiser <input type="checkbox"/>	Other _____

VESSEL ENGINE DETAILS

#	HP	Fuel	Year	Manufacturer	Serial No.
1					
2					
3					
4					

TENDER/ DINGHY DETAILS

Manufacturer:	Year:	Hull ID Number:	Length (feet)
Engine Manufacturer:	Engine Horsepower:	Engine Serial Number:	Present Value (USD):

TRAILER DETAILS

Manufacturer:	Year:	Serial Number:	Present Value (USD):
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COVERAGE LIMITS *(Coverage will not be provided unless requested hereunder)*

COVERAGES	LIMIT REQUIRED
Hull Physical Damage (USD)	\$
Tender/ Dinghy (USD)	\$
Third Party Liability (USD)	\$
Liability to Paid Crew (USD)	\$
Liability to Charter Passengers (USD)	\$
Personal Property (USD)	\$
Medical Payments (USD)	\$
Uninsured Boaters (USD)	\$
Trailer (USD)	\$
Pollution (USD)	\$
Towing (USD)	\$
Other	\$

NAVIGATION INFORMATION

Waters to be navigated in the next 12 months (you may attach an itinerary):

MOORING INFORMATION

Primary Mooring Location (please provide the vessel mooring location July 1st to November 1st):

LAYUP DETAILS

Layup Location:	Layup Start (DD/MM/YY):	Layup End (DD/MM/YY):
Layup Status: Ashore <input type="checkbox"/> Afloat <input type="checkbox"/>		

NAMED OPERATORS (This is a named operator only policy)

#	NAME (Full Name)	Date of Birth (DD/MM/YYYY)	Violations/ Suspension (including auto) in the last 5 years		
1					
2					
3					
#	Boating Qualifications	Years of experience as			Length/ Make of Previous Vessels Operated/Owned
		Operator	Owner	Charter	
1					
2					
3					

GENERAL INFORMATION

1. Is this vessel chartered to others with a captain? If yes, please confirm below					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Maximum Passengers:		Average Passengers:		Maximum Trips per year:		Average Trips per year:
2. Does this applicant employ paid crew? If yes, how many?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
3. Is this vessel chartered to other without a captain, on a bareboat charter basis?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
4. Is the vessel used for any other commercial or business purposes?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
<i>If yes, please explain:</i>						
5. Will this vessel be operated singled handedly at night?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
6. Will this vessel participate in any races, regattas, or rallies?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
7. Does anyone reside aboard the vessel (liveaboard) during the policy period?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
8. Was any insurance declined, cancelled or non-renewed in the last 5 years?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
<i>If yes, please explain:</i>						
9. Have you or any named operator been involved in a loss in the last 10 years (insured or not)?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
<i>If yes, please provide full details:</i>						
10. Have you or any named operator been convicted of a criminal offense or pleaded no contest?					YES: <input type="checkbox"/>	NO: <input type="checkbox"/>

11. Will this vessel be used for private please use?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
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Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

State Fraud Warnings

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant regarding settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, applies or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with 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.

NOTICE TO OREGON APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

ADDITIONAL ASSURED

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LOSS PAYEE

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ADDITIONAL INFORMATION

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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 may 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.
3. Fraud Warning – Please see the fraud warnings on page 3.

Assured Name (Print):	Signature Date:
Assured Signature:	