

INSUREDS NAME:			
FULL MAILING ADDRESS (including ZIP/Post Code where available):			
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):			
EFFECTIVE DATE FROM: ( MM/DD/YR)		TO: (MM/DD/YR)	
		0.01hrs LST	
VESSEL NAME:		HULL ID:	
MANUFACTURER/MODEL:		LENGTH:	
PURCHASE PRICE:		DATE OF PURCHASE:	
MAXIMUM SPEED:		PRESENT VALUE:	
VESSEL FLAG:			
<b>COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER</b>			
<b>COVERAGES</b>		<b>LIMIT</b>	
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			
PRIMARY POWER	SAIL	TYPE OF VESSEL	SAILBOAT
	OUTBOARD		MOTOR YACHT
	INBOARD		SPORTSFISHER
	OTHER		PERFORMANCE
HULL MATERIAL	FIBREGLASS	TYPE OF HULL	HOUSEBOAT
	STEEL		OTHER
	ALUMINIUM		MONOHULL
	WOOD		CATAMARAN
	KEVLAR	FUEL TANK	OTHER
	CARBONFIBRE		METAL
	OTHER		FIBREGLASS
	PLEASE DETAIL ALL FIRE PREVENTION/EXTINGUISHING EQUIPMENT INSTALLED OR KEPT ON VESSEL:		
DATE VESSEL LAST SURVEYED (MM/DD/YR):		ASHORE OR AFLOAT	
		HAS SURVEY BEEN SUPPLIED TO UNDERWRITER? (circle one)	
		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					
<b>PRIMARY MOORING LOCATION OF VESSEL (INCLUDING ZIP/POST CODE WHERE AVAILABLE) BETWEEN JULY 1<sup>ST</sup> – NOV 1<sup>ST</sup></b> <b>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 &amp; LATITUDE.</b>					
<b>WHAT ANTI-THEFT PRECAUTIONS ARE THERE WHEN THE VESSEL IS ON A TRAILER OR KEPT ONSHORE?</b>					
<b>ALL WATERS TO BE NAVIGATED THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY)</b>					
<b>WILL THE VESSEL BE LAID UP DURING THIS POLICY PERIOD (PLEASE DETAIL EXACT DATES &amp; WHETHER ASHORE OR AFLOAT)</b>					
<b>TENDERS OR DINGHIES (FULL DETAILS PLEASE):</b>					
<b>TRAILER INFORMATION:</b>					

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 COMMERCIALLY		
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 WHAT NUMBER OF PASSENGERS PER TRIP (MAXIMUM & AVERAGE)	MAX	AVGE	8	DOES ANYONE RESIDE ABOARD THE VESSEL?		
	NUMBER OF TRIPS PER YEAR (MAXIMUM & AVERAGE)			9	WILL THIS VESSEL BE USED FOR RACING DURING THIS POLICY PERIOD?		
4	DOES THE APPLICANT EMPLOY PAID CREW? IF YES HOW MANY?			11	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	IS THIS VESSEL USED COMMERCIALLY OR FOR BUSINESS PURPOSES?	YES	NO	12	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)? HAVE YOU OR ANY NAMED OPERATOR BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?		

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	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years
		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?

Lienholder Info:

Additional Insured (if any):