

Personal / Contact Information



Primary Named Insured / Designee:

First Name: Last name: Vessel's Titling / Registration: Operated Owned Courses: Referral Source:

Email: Phone Number: Primary DOB: Primary DL#:

Prior Boats Owned: Prior Boats Operated:

Boat / Yacht Information

Year: Make / Model: Purchase Price / Date: Vessel Notes:

Engine Information:

# Make / Model: HP ea Total Type: Fuel: Year: Engine Serial #'s:

Mooring and Navigation

Mooring Method: Requested / Intended Navigation:

June 1 - Nov 1:

Nov 1 - June 1:

Current Location:

Claims Paid Crew Lienholder Commercial / Charter Usage

Additional / Misc. Notes

Preferred Coverages

Requested Hull Value: Liability: Uninsured Boaters: Std/N.S. Deductibles: % / % Medical: Personal Effects: Towing Limit: Tender: Trailer: Paid Crew: