

Vessel Name													
Owner's Name													
Date of Birth						Tele	phone N	lo					
Address													
Zip Code						Occı	Occupation						
Lienholder										l.			
Cover Start Da	te												
VESSEL INFORM	IATION												
Year	Length		Length	1			Hull Material						
Max Speed (knots)		-				Manufacturer							
Model							Flag						
Auto Fire Extinguishers			Yes/No				Anti-theft Devices					Yes/No	
GPS Tracker				Yes/No			Number of		f Bilge Pumps				
Depth Sounder	r		Yes/No				Sonar						Yes/No
Tender Details	(age, ma	ke, mo	del, engin	e, valu	ıe)								
Date Purchased			Purchas			Price			Present Value				
Is the boat for sale now or will			l it be during next 1			months?		Yes/No		Yes/No		-	
If yes, asking p	rice												
Will the boat be lived on during the next					12 months?					Yes/No			
ENGINE DETAIL	S												
Engine Mak			ke			H.P			Year		Gas	soline or Diesel	
1													
3													
OPERATOR(S)		1	_						- · · ·				
Name	Name D.O.B		Experience(years)			Boating		Details of any Crir		minal	minal Convictions		
		I											
Details of previ	ious vesse	ls own	ed/operat	ed									
CLAIMS INFORM	MATION												
Have any of th		operat	tors been i	nvolv	ed in	a claim ir	last 10	year	s?		Yes	/No	
Name Date				Cost of Claim			Details						
							1						
				1									



NAVIGATION

Main Mooring				Zip				
Waters to be navigated			•	•				
Will vessel be laid up du	ing the polic	y period?	Yes/No					
Vessel laid up Fro		From		То	То			
Absentee Owner Yes/No								
If yes, what arrangemen	ts have you m	nade for the	safety of					
your vessel?								
COVER				GEN	IERAL INFORM	ATION		
Coverage			Sum Insured (USD)					
Hull								
Tender								
Towing								
P&I Limit								
Passenger Limit								
Medical								
Uninsured Boaters								
Trailer								
Personal Property								
		L						
f shautawad wlaasa sawaul	-4							
f chartered, please compl	ete:	<u> </u>						
				Estimated nu	umber of trips p	er year		
How many passengers po								

- 1. This application will be incorporated in it is 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.

APPLICANT SIGNATURE:	SIGNATURE DATE: