

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:		LENGTH:	
MANUFACTURER/MODEL:				YEAR BUILT:	
PURCHASE PRICE:		DATE OF PURCHASE:		PRESENT VALUE:	
MAXIMUM SPEED:				VESSEL FLAG:	
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					
PRIMARY POWER	<input type="checkbox"/> SAIL	<input type="checkbox"/>	TYPE OF VESSEL	<input type="checkbox"/> SAILBOAT	<input type="checkbox"/>
	<input type="checkbox"/> OUTBOARD	<input type="checkbox"/>		<input type="checkbox"/> MOTOR YACHT	<input type="checkbox"/>
	<input type="checkbox"/> INBOARD	<input type="checkbox"/>		<input type="checkbox"/> SPORTSFISHER	<input type="checkbox"/>
	<input type="checkbox"/> OTHER	<input type="checkbox"/>		<input type="checkbox"/> PERFORMANCE	<input type="checkbox"/>
HULL MATERIAL	<input type="checkbox"/> FIBREGLASS	<input type="checkbox"/>	TYPE OF HULL	<input type="checkbox"/> HOUSEBOAT	<input type="checkbox"/>
	<input type="checkbox"/> STEEL	<input type="checkbox"/>		<input type="checkbox"/> OTHER	<input type="checkbox"/>
	<input type="checkbox"/> ALUMINIUM	<input type="checkbox"/>		<input type="checkbox"/> MONOHULL	<input type="checkbox"/>
	<input type="checkbox"/> WOOD	<input type="checkbox"/>	<input type="checkbox"/> CATAMARAN	<input type="checkbox"/>	
	<input type="checkbox"/> KEVLAR	<input type="checkbox"/>	FUEL TANK	<input type="checkbox"/> OTHER	<input type="checkbox"/>
	<input type="checkbox"/> CARBONFIBRE	<input type="checkbox"/>		<input type="checkbox"/> METAL	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>		<input type="checkbox"/> FIBREGLASS	<input type="checkbox"/>	
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			

PRIMARY MOORING LOCATION OF VESSEL (INCLUDING ZIP/POST CODE WHERE AVAILABLE) BETWEEN JULY 1ST – NOV 1ST
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	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?		

Have you every been convicted of a criminal offence or pleaded no contest?

Lienholder Info:

Additional Insured (if any):