Application Form

ASSURED'S NAME:	ASSURED'S DATE OF BIRTH:	ASSURED'S NATIONALITY:	ASSURED'S STATE OF RESIDENCE:

FULL MAILING ADDRESS (including ZIP/Post Code where available). IF COMPANY PROVIDE REGISTERED ADDRESS

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 Assured):

EFFECTIVE DATE FROM: (mm/dd/yy)	TO: (mm/dd/yy)	0.01hrs LST

VESSEL NAME:	HULL ID:	LENGTH OVERALL:
MANUFACTURER/MODEL:	YEAR BUILT:	MODEL YEAR:
PURCHASE PRICE:	DATE OF PURCHASE:	PRESENT VALUE:
MAXIMUM SPEED:	VESSEL REGISTERED:	VESSEL FLAG:

COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER

COVERAGES	LIMIT (US Dollar)
HULL PHYSICAL DAMAGE	
TENDER/DINGHY	
MEDICAL PAYMENTS (maximum ($50,000)	
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 (minimum $100,000)	
NON-EMERGENCY TOWING	
OTHER (please specify)	

PLEASE TICK THE APPROPRIATE BOXES

PRIMARY POWER	SAIL		TYPE OF VESSEL	SAILBOAT	
	OUTBOARD			MOTOR YACHT	
	INBOARD			SPORTSFISHER	
HULL MATERIAL:	FIBREGLASS			HOUSEBOAT	
	WOOD			CATAMARAN	
	KEVLAR			OTHER (give details)	
	CARBONFIBRE		LAST SURVEYED (mm/dd/yy)	ASHORE OR AFLOAT	
	FERROCEMENT				
	METAL				

VESSEL ENGINE/OUTBOARD DETAILS

	HP	MANUFACTURER	FUEL	YEAR	SERIAL NO#
#1					
#2					

	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
#1			
#2			

TENDER/DINGHY INFORMATION			
MANUFACTURER	**YEAR**	**HULL ID/SERIAL NUMBER**	**LENGTH**

TENDER/DINGHY ENGINE/OUTBOARD DETAILS		
MANUFACTURER	**HP**	**SERIAL NUMBER**

TRAILER INFORMATION					
MANUFACTURER	**YEAR BUILT**	**DATE PURCHASED**	**PURCHASE PRICE**	**PRESENT VALUE**	**SERIAL NUMBER**

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.

PLEASE ADVISE IF THIS VESSEL IS FITTED WITH MANUFACTURER RECOMMENDED FIRE PREVENTION/EXTINGUISHING EQUIPMENT (if no provide explanation) :

YES **NO**

PLEASE DETAIL ANY ANTI-THEFT PRECAUTIONS WHICH ARE IN PLACE

ALL WATERS TO BE NAVIGATED DURING THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY)

WILL THE VESSEL BE LAID UP (OUT OF USE) DURING THIS POLICY PERIOD – IF SO DETAIL EXACT DATES, LOCATION AND ADVISE WHETHER ASHORE OR AFLOAT.

#	GENERAL INFORMATION				
1	**IS THIS VESSEL USED FOR FARE PAYING PASSENGERS?**	**YES**	**NO**	**IF YES, NUMBER OF PASSENGERS PER TRIP**	
				MAXIMUM:	**AVERAGE:**
				NUMBER OF TRIPS PER YEAR	
				MAXIMUM:	**AVERAGE:**
2	**IS THIS VESSEL CHARTERED TO OTHERS WITH A CAPTAIN?**	**YES**	**NO**	**IF YES, COMPLETE CAPTAIN CHARTER SUPPLEMENTARY SHEET**	
3	**DOES THIS APPLICANT EMPLOY PAID CREW**	**YES**	**NO**	**IF YES, HOW MANY?**	
4	**IS THIS VESSEL CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT)?**	**YES**	**NO**	**IF YES, COMPLETE BAREBOAT CHARTER SUPPLEMENTARY SHEET**	
5	**IS THIS VESSEL USED FOR WATERSKIING OR DIVEBOAT CHARTER?**	**YES**	**NO**	**IF YES, PROVIDE DETAILS**	

#	GENERAL INFORMATION CONTINUED			
6	IS THIS VESSEL USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?	YES	NO	IF YES, PROVIDE DETAILS
7	WILL THIS VESSEL BE OPEATED SINGLE HANDEDLY AT NIGHT?	YES	NO	IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?
8	DOES ANYONE RESIDE ABOARD THE VESSEL	YES	NO	IF YES, FOR HOW LONG DURING THE POLICY PERIOD?
9	WILL THIS VESSEL PARTICIPATE IN ANY RACES/REGATTAS/RALLYS/SPEED TRIALS DURING THIS POLICY PERIOD?	YES	NO	IF YES, COMPLETE RACING SUPPLEMENTARY SHEET
10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	YES	NO	IF YES, PROVIDE DETAILS
11	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)	YES	NO	IF YES, PROVIDE DETAILS
12	HAVE YOU OR ANY NAMED OPERATED BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?	YES	NO	IF YES, PROVIDE DETAILS

ALL OPERATORS MUST BE DETAILED – IF THERE ARE MORE THAN TWO OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS

No.	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years
1			
		Years of Boat Ownership	Years of Boating Experience
		Boating Qualifications (for example USCG 100Ton)	
		Lengths and Manufacturers of Vessels previously owned or operated	
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:	
		Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details	
2	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years
		Years of Boat Ownership	Years of Boating Experience
		Boating Qualifications (for example USCG 100Ton)	
		Lengths and Manufacturers of Vessels previously owned or operated	
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:	
		Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details	

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY

LOSS PAYEE(S) (PLEASE PROVIDE NAME AND FULL MAILING ADDRESS):
ADDITIONAL ASSURED'S REQUIRED – (PLEASE PROVIDE NAME, FULL MAILING ADDRESS AND REASON FOR REQUEST)

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 disclosed, if necessary by a supplement to the application.**
3. **Fraud Statement – please see page 5 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.**

ASSURED SIGNATURE:	**PRINT NAME AND STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED ASSURED/BENEFICIAL OWNER**	**SIGNATURE DATE:**
PRODUCING BROKER		
BROKER USE ONLY: **PLEASE PROVIDE SURPLUS LINES TAX FILING INFORMATION OR ADVISE IF NOT APPLICABLE (LICENSE NUMBER WILL SUFFICE):**		

Applicable in California

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

California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony*

*In Florida – Third Degree Felony

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a 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, subject to the criminal prosecution and civil penalties

Applicable in New York

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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the 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

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.