

**INSURED INFORMATION**

<b>Named Insured *</b>	Individual or Corporate Name		<b>Vessel Name *</b>	As It Appears on the Vessel	
<b>Beneficial Owner</b>	If Named Insured is a Corporation give First & Last Name		<b>Occupation</b>	Profession / Position	
<b>Mailing Address *</b>	Street Address		City		
	State / Province	Postal / ZIP Code	Country	<b>Do you live here year-round?</b> <input type="checkbox"/>	
<b>Contact *</b>	Email		Cell Phone		

**VESSEL INFORMATION**

<b>Manufacturer *</b>	Individual or Corporate Name		<b>Model *</b>	As It Appears on the Vessel	
<b>Vessel Details *</b>	Year Built	Length ft	Vessel Flag (Country)	Hull Identification Number	
Vessel Use	Hull Type	Hull Material	Mast Material		
<b>Survey</b>	Date of Last Survey (If Vessel is > 5 Years Old)		In Water / Out of Water	Name of Surveyor	
<b>Date of Purchase *</b>			<b>Purchase Price *</b>		

**ENGINE INFORMATION**

<b>Propulsion *</b>	mph				
	Maximum Speed	Drive Type	Fuel Tank Material		Auxiliary Generator
<b>Engine 1 *</b>	Same as Above	Engine Fuel	Year	Hours	Manufacturer / Model
Engine 2 <input type="checkbox"/>					Serial Number
Engine 3 <input type="checkbox"/>					
Engine 4 <input type="checkbox"/>					
Engine 5 <input type="checkbox"/>					
<b>Total Horsepower</b>	0				

**TENDER INFORMATION (If Applicable)**

<b>Tender Details *</b>	ft				
Year Built	Length	Manufacturer	Model	Hull Identification Number	
Engine Year	# of Engines	Total HP	Max. Speed mph	Engine Manufacturer	Engine Serial Number

**Will the tender ever be towed? (if "yes", please complete tow supplemental)**



**MOORING INFORMATION**

<b>OUT OF SEASON *</b>		Mooring Type / Layup	Name (if Marina)	Street Address	
December 1 <sup>ST</sup> – May 31 <sup>ST</sup>		City	State / Province	Postal / ZIP Code	Country
<b>IN SEASON *</b>		Mooring Type / Layup	Name (if Marina)	Street Address	
Same as Above		City	State / Province	Postal / ZIP Code	Country
June		Mooring Type / Layup	Name (if Marina)	Street Address	
Same as Above		City	State / Province	Postal / ZIP Code	Country
July		Mooring Type / Layup	Name (if Marina)	Street Address	
Same as Above		City	State / Province	Postal / ZIP Code	Country
August		Mooring Type / Layup	Name (if Marina)	Street Address	
Same as Above		City	State / Province	Postal / ZIP Code	Country
September		Mooring Type / Layup	Name (if Marina)	Street Address	
Same as Above		City	State / Province	Postal / ZIP Code	Country
October		Mooring Type / Layup	Name (if Marina)	Street Address	
Same as Above		City	State / Province	Postal / ZIP Code	Country
November		Mooring Type / Layup	Name (if Marina)	Street Address	
Same as Above		City	State / Province	Postal / ZIP Code	Country

**NAVIGATING INFORMATION**

<b>Navigated Waters *</b>		Nearest Body of Land	Distance from shore		
Navigated Waters 2					
Navigated Waters 3					
Navigated Waters 4					
Navigated Waters 5					
<b>Special Voyages</b>					
(Include any trips over 250 Miles from Shore)		Port of Origin	Destination	Est. Date of Embarkation	Est. Date of Arrival



**OPERATOR INFORMATION** (For Captains, please attach CV to Application)

<b>Named Operator*</b>					
	First Name	Last Name	Date of Birth	Operator Type	Years of Experience

Previously Owned Vessels					
	From (Year)	To (Year)	Manufacturer / Model	Length	Max Speed
					Waters Navigated

<b>Named Operator 2</b>					
	First Name	Last Name	Date of Birth	Operator Type	Years of Experience

Previously Owned Vessels					
	From (Year)	To (Year)	Manufacturer / Model	Length	Max Speed
					Waters Navigated

<b>Named Operator 3</b>					
	First Name	Last Name	Date of Birth	Operator Type	Years of Experience

Previously Owned Vessels					
	From (Year)	To (Year)	Manufacturer / Model	Length	Max Speed
					Waters Navigated

**CREW INFORMATION**

	Captains	Deckhands	Cooks	Other	TOTAL
<b>Full Time</b>					0
<b>Part Time</b>					0
					0

**LOSS HISTORY & VIOLATION INFORMATION**

**Have any of the named operators had an accident or loss on this or ANY OTHER vessel? \***

<b>If "yes"</b>		
Date	Description	Amount

**Have any of the named operators been convicted of a felony or DUI? \***

<b>If "yes"</b>		
Date	Description	



VESSEL & PROPERTY	LIMIT REQUESTED	LIABILITIES	LIMIT REQUESTED
<b>Hull &amp; Machinery</b>		<b>Vessel Liability</b>	
<b>Personal Effects</b>		<b>Crew Liability</b>	
<b>Tender &amp; Life Raft</b>		<b>Passenger Liability</b>	
<b>Jet Ski</b>		<b>Pollution Liability</b>	<b>\$ 1,000,000</b>
<b>Trailer</b>		<b>Medical Payments</b>	
<b>War &amp; Piracy</b>		<b>Uninsured Boaters</b>	<b>\$ 1,000,000</b>

**Is this vessel currently listed for sale or will it be in the next 12 months?**

**Is this vessel currently insured on an active policy?**

Expiration date of current coverage?

Carrier providing current coverage?

Premium for current coverage?

COMMENTS & COVERAGE REQUESTS	

#### CHARTER SUPPLEMENTAL (Required for all Vessels Operating under Charter)

**How many times is this vessel Chartered per year?**

Next 12 Months

Last 12 Months

Previous 12 Months

Charter Details		hours	hours		
Type of Charter	Avg Length of Charter	Max Length of Charter	Avg Number of Passengers	Max Number of Passengers	

Activities	<input type="checkbox"/> Leisure	<input type="checkbox"/> Sightseeing	<input type="checkbox"/> Marine Wildlife	<input type="checkbox"/> Snorkeling	<input type="checkbox"/> Diving
	<input type="checkbox"/> Fishing	<input type="checkbox"/> Sailing Lessons	<input type="checkbox"/> Other	Describe "Other"	

**Who do you Charter the Vessel to?**

**Is this Vessel ever Chartered to other Charter Companies?**

**Is the Vessel ever Chartered WITHOUT a Captain? (If "Yes", Please Answer the Below)**

Age of Charter Operator?

Minimum Age

Maximum Age

How do you validate the age of the Operator?

Is an Accompanied Sea Trial Performed to determine Operator Ability?

Describe the Operator Requirements and Validation

