

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	SAIL		TYPE OF VESSEL	SAILBOAT	
	OUTBOARD			MOTOR YACHT	
	INBOARD			SPORTSFISHER	
	OTHER			PERFORMANCE	
HULL MATERIAL	FIBREGLASS		TYPE OF HULL	HOUSEBOAT	
	STEEL			OTHER	
	ALUMINIUM			MONOHULL	
	WOOD		CATAMARAN		
	KEVLAR		OTHER		
	CARBONFIBRE		FUEL TANK	METAL	
OTHER			FIBREGLASS		
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					
<p>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.</p>					
<p>WHAT ANTI-THEFT PRECAUTIONS ARE THERE WHEN THE VESSEL IS ON A TRAILER OR KEPT ONSHORE?</p>					
<p>ALL WATERS TO BE NAVIGATED THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY)</p>					
<p>WILL THE VESSEL BE LAID UP DURING THIS POLICY PERIOD (PLEASE DETAIL EXACT DATES & WHETHER ASHORE OR AFLOAT)</p>					
<p>TENDERS OR DINGHIES (FULL DETAILS PLEASE):</p>					
<p>TRAILER INFORMATION:</p>					

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 ever been convicted of a criminal offence or pleaded no contest?

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY. ANY PERSON OPERATING THIS VESSEL WITHOUT PROVIDING FULL DETAILS & RECEIVING WRITTEN ACCEPTANCE BY UNDERWRITERS WILL NOT BE COVERED.

LOSS PAYEE(S) (PLEASE PROVIDE NAME & FULL MAILING ADDRESS):

ADDITIONAL ASSURED(S) REQUIRED - PLEASE PROVIDE FULL NAME, ADDRESS AND REASON FOR INCLUSION AS AN ADDITIONAL ASSURED.

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 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.**
3. A photograph of the vessel is required to be submitted with this application.
4. **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.**

APPLICANT SIGNATURE:	PRINT NAME & STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED INSURED/BENEFICIAL OWNER	SIGNATURE DATE:

PRODUCING BROKER:

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.