



## MARINE INSURANCE AGENCY

3455 East Paris SE, Grand Rapids, MI 49512 (616) 975.3500 (800) 879.2248 FAX (616) 975.0670

Website: [www.charterlakes.com](http://www.charterlakes.com) E-mail Address: [clakes@charterlakes.com](mailto:clakes@charterlakes.com)

### WATERCRAFT INSURANCE APPLICATION

#### PERSONAL INFORMATION

REGISTERED OWNER OR LEASEE - NAME(S)		DOING BUSINESS AS		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		RESIDENCE <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
PHYSICAL ADDRESS				CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)				CITY		STATE	ZIP
HOME PHONE		CELL PHONE		FAX NUMBER		EMAIL ADDRESS	
DRIVERS LIC. NO.		DATE OF BIRTH		OCCUPATION		S.S. #	

#### WATERCRAFT / TRAILER / DINGHY INFORMATION

<b>USE OF VESSEL</b>		<input type="checkbox"/> CHARTER <input type="checkbox"/> PLEASURE						
<b>TYPE OF VESSEL</b>		<input type="checkbox"/> CRUISER / MOTOR YACHT	<input type="checkbox"/> SAILBOAT	<input type="checkbox"/> FLATS SKIFF	<input type="checkbox"/> BASS BOAT	<input type="checkbox"/> DRIFT BOAT	<input type="checkbox"/> CENTER CONSOLE	
		<input type="checkbox"/> SPORTFISH	<input type="checkbox"/> PONTOON	<input type="checkbox"/> AIRBOAT	<input type="checkbox"/> OPEN FISHING	<input type="checkbox"/> TRAWLER	<input type="checkbox"/> RUNABOUT	
YEAR	LENGTH	MANUFACTURER			MODEL	HULL MATERIAL	BEAM	WEIGHT
NAME OF YACHT			REG./DOC. NO.		HULL I.D. NO.			
PURCHASE DATE		PURCHASE PRICE \$		NEW REPLACEMENT COST \$		DATE OF LAST SURVEY		
<b>MACHINERY</b>		<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	YEAR OF ENGINE	MFG AND MODEL		NO. OF ENGINES	H.P. EACH	
MAX SPEED	TYPE OF DRIVE <input type="checkbox"/> OB <input type="checkbox"/> IB <input type="checkbox"/> IO <input type="checkbox"/> JET DRIVE <input type="checkbox"/> SURFACE DRIVE				SERIAL NO.	SERIAL NO.	SERIAL NO.	
<b>EQUIPMENT</b>		<input type="checkbox"/> GPS / SAT NAV / LORAN	<input type="checkbox"/> RADAR	<input type="checkbox"/> LIFE RAFT	<input type="checkbox"/> HIGH WATER ALARM	<input type="checkbox"/> TRAILER BALL OR AXLE LOCKS		
		<input type="checkbox"/> VHF / SHIP TO SHORE	<input type="checkbox"/> CHART PLOTTER	<input type="checkbox"/> AUTO CO2 OR HALON	<input type="checkbox"/> CO DETECTOR	<input type="checkbox"/> ANTI THEFT DEVICE		
		<input type="checkbox"/> DEPTH FINDER	<input type="checkbox"/> AUXILIARY GENERATOR	<input type="checkbox"/> FUME DETECTOR	<input type="checkbox"/> OB / OUTDRIVE LOCKS	<input type="checkbox"/> EPIRB		
<b>TRAILER</b>	YEAR	MANUFACTURER			SERIAL NO.			
<b>DINGHY</b>	YEAR	LENGTH	MANUFACTURER		SERIAL NO.			
<b>DINGHY ENGINE</b>	YEAR	H.P.	MANUFACTURER		SERIAL NO.			

#### COVERAGE INFORMATION (Client must complete)

HULL VALUE REQUESTED (inc. engine(s) & electronics)		\$		MEDICAL PAYMENTS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HULL DEDUCTIBLE REQUESTED		<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5%		UNINSURED BOATERS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIABILITY LIMIT REQUESTED		<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000		TOWING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> OTHER \$		DINGHY VALUE (inc. engine)		\$	
PERSONAL EFFECTS & FISHING EQUIP.		\$		TRAILER VALUE		\$	

#### NAVIGATION AND STORAGE INFORMATION

OPERATING PERIOD (ALL USES OF VESSEL) <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL		DESCRIBE ALL WATERS NAVIGATED AND MAXIMUM MILEAGE OFFSHORE					
<b>MOORING LOCATION</b>		<input type="checkbox"/> MARINA <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> OTHER	NAME OF MARINA (IF APPLICABLE)		TYPE OF MOORING	<input type="checkbox"/> SLIPPED <input type="checkbox"/> DRY STORAGE <input type="checkbox"/> LIFT	<input type="checkbox"/> TRAILERED <input type="checkbox"/> MOORING <input type="checkbox"/> OTHER
COUNTY OF MOORING LOCATION		ADDRESS			CITY	STATE	ZIP
<b>LAY-UP LOCATION</b>		VESSEL IS STORED (DURING SEASONAL LAY-UP) <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT			WARRANTED LAY-UP PERIOD (MM/DD) Ex. 11/1 to 4/1		
NAME OF LAY-UP LOCATION		ADDRESS			FROM	TO	
					CITY	STATE	ZIP

#### PRIOR CLAIM INFORMATION

LIST ALL MARINE INSURANCE CLAIMS YOU OR YOUR OPERATOR HAVE FILED REGARDLESS OF VESSEL INVOLVED  
(INCLUDING BODILY INJURY TO PASSENGERS OR CREW) IF NO LOSSES INDICATE "NONE". IF MORE ROOM IS NEEDED PLEASE USE SEPARATE SHEET OF PAPER.

DATE	DETAILS OF CLAIM	AMOUNT PAID	STATUS
		\$	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
		\$	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
		\$	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED

**CONTINUED ON SECOND PAGE**

CLAKES APPLICATION REV. 05/12



GENERAL INFORMATION

DO YOU TOW SKIERS? IS VESSEL USED FOR RACING? IS VESSEL USED AS A LIVEBOARD? PRIMARY RESIDENCE SECONDARY RESIDENCE

Table with 5 columns: #, OWNED/OPERATED, YEAR, LENGTH, MANUFACTURER, # YEARS OWNED

OPERATOR / CREW INFORMATION

# YEARS BOATING EXPERIENCE ARE YOU A LICENSED CAPTAIN? # YRS LICENSED HAVE YOU COMPLETED A BOATING SAFETY COURSE?

LIST ADDITIONAL OPERATORS BELOW

Table with 7 columns: #, NAME, DATE OF BIRTH, DRIVERS LICENSE NUMBER & STATE, YRS. OPERATING EXPERIENCE, USCG LICENSE, BOATING CLAIMS

CHARTER USE SECTION

(THIS SECTION MUST BE COMPLETED IF VESSEL IS CHARTERED)

DESCRIBE TYPICAL CHARTER IN DETAIL - DESCRIBE HOW VESSEL IS USED - BE SPECIFIC ON TYPE OF CHARTER AND AVERAGE LENGTH OF TRIP

CORPORATE OWNERSHIP AND CORPORATE OFFICERS

Table with 5 columns: NAME, PERCENTAGE OWNERSHIP, TITLE, DO YOU OPERATE VESSEL, USCG LICENSED

ADDITIONAL INSURED / CERTIFICATE HOLDER / LOSS PAYEE INFORMATION

(PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

Table with 3 columns: NAME, ADDRESS: STREET, CITY, STATE, ZIP, INTEREST

SPECIAL CONDITIONS / COMMENTS

(PLEASE USE TO EXPLAIN ANY "YES" RESPONSES WHERE AN EXPLANATION IS REQUESTED)

- 1. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information...

HOW DID YOU HEAR ABOUT US? EFFECTIVE DATE OF COVERAGE APPLICANT SIGNATURE DATED PRODUCER (AGENT) SIGNATURE DATED

My (the producer) signature verifies that all of the information on the application has been obtained by me from the applicant and that I have no reason or basis to believe that the information is anything but truthful.