

Application Form

ASSURED'S NAME:		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:		FIBREGLOSS		LAST SURVEYED (mm/dd/yy)		HOUSEBOAT	
		WOOD				CATAMARAN	
		KEVLAR				OTHER (give details)	
		CARBONFIBRE				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							

#	GENERAL INFORMATION CONTINUED			
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/RALLYYS/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			
		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		
<p>BROKER USE ONLY:</p> <p>PLEASE PROVIDE SURPLUS LINES TAX FILING INFORMATION OR ADVISE IF NOT APPLICABLE (LICENSE NUMBER WILL SUFFICE):</p>		

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.

Hurricane Questionnaire/plan

Assured Name:		Policy No:	
Name of vessel:		Policy Period:	

1. Name, address and contact details of marina or residence where vessel is located between 1st July and 1st of November, if you are unable to provide an address please give Longitude & Latitude:

2. In the event of a storm warning will the vessel be: a) Afloat b) Ashore

3. If anyone, other than yourself, has authority to inspect the vessel &/or move it in your absence in order to protect it from danger please advise the name of such person and their relationship to you (for example: neighbour or marina manager).

4. Please provide full details of your plan for protecting the vessel in the event of any storm warning, for example the use of lines/ropes. (Use a separate sheet if necessary).

5. Please supply details of your back up plan (in the event you are prevented from implementing your initial plan)

WARNING:

It is hereby warranted that in the event of a named or numbered storm warning or advisory issued by any competent local authority, I/we will secure the above vessel and/or its equipment in accordance with the representations stated above including, but not limited to, the removal and storage of Bimini and dodgers, top canvas, removable enclosures, loose upholstery, cushions, roller furling headsails, sails, outriggers and antennas life rafts, hard or rubber tenders.

I declare that the particulars and answers contained in this form are correct and complete in every respect. I agree that this declaration and warranty shall be incorporated in its entirety into any relevant policy of insurance.

Assured Signature: _____

Date: _____

Paid Crew Supplementary Sheet

Please note: we will not provide liability to you, your family members or anyone who holds a financial interest in the vessel under paid crew liability

1. Please advise how many paid crew you employ including Captain (if any). Please include employees working on the vessel in any capacity

2. Please advise if these are full time or part time and in what other capacities they are employed by you

3. Please advise the maximum number of paid crew that would be on the vessel at any one time

4. Are the paid crew in your full time employee or hired on a per charter basis?

5. Are you aware of any pre-existing injury or medical condition with regard to any paid crew working on this vessel in any capacity?

6. If this vessel is engaged in recreational diveboat charter please advise if any paid crew are required to perform any in water duties or assist in any dive instruction

WARNING:

Any misrepresentation in this paid crew supplementary sheet 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.

Assured Signature: _____ **Date:** _____