

AGENCY CUSTOMER ID: \_\_\_\_\_

BOAT HULL NO: \_\_\_\_\_



# WATERCRAFT SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

**BOAT HULL**

<b>POWER</b> <input type="checkbox"/> INBOARD <input type="checkbox"/> WATERJET <input type="checkbox"/> OUTBOARD <input type="checkbox"/> SAIL <input type="checkbox"/> INBOARD/OUTDRIVE		<b>TYPE OF HULL</b> <input type="checkbox"/> CABIN CRUISER <input type="checkbox"/> BASS <input type="checkbox"/> OPEN COCKPIT <input type="checkbox"/> PERSONAL WC <input type="checkbox"/> SAILBOAT <input type="checkbox"/> SKI <input type="checkbox"/> PONTOON		<b>HULL MATERIAL</b> <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> WOOD		<b>HULL DESIGN</b> <input type="checkbox"/> FLAT BOTTOM <input type="checkbox"/> VEE BOTTOM <input type="checkbox"/> ROUND BOTTOM <input type="checkbox"/> CATAMARAN		<b>FUEL TANK</b> <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <b>SPAR MATERIAL</b> <input type="checkbox"/> ALUMINUM <input type="checkbox"/> CARBON FIBER <input type="checkbox"/> WOOD	
YEAR	MANUFACTURER	MODEL	LENGTH	MAX SPEED	DATE PURCHASED	COST NEW	PRESENT VALUE		
NAME OF BOAT			NAME OF BENEFICIAL OWNER			REGISTRATION NUMBER	COUNTRY OF REGISTRATION		
HULL IDENTIFICATION NUMBER		WATERS NAVIGATED		GREAT LAKES	PACIFIC	GULF OF MEXICO	TERRITORY	DATE OF LAST SURVEY	
		<input type="checkbox"/> ATLANTIC		<input type="checkbox"/> INLAND WATERWAYS	<input type="checkbox"/> RIVERS				
LOC #	PRIMARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD	<input type="checkbox"/> DRY <input type="checkbox"/> AFLOAT
LOC #	SECONDARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY	STATE	ZIP	COUNTRY	START DATE	END DATE

**ENGINE / MOTOR**

MOTOR #	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER
HORSEPOWER	FUEL	<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> BATTERY	DATE PURCHASED
				COST NEW
				PRESENT VALUE

  

MOTOR #	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER
HORSEPOWER	FUEL	<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> BATTERY	DATE PURCHASED
				COST NEW
				PRESENT VALUE

**TRAILER**

#	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	# AXLES	CAPACITY lbs.	DATE PURCHASED	COST
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**COVERAGES / LIMITS OF LIABILITY**

COVERAGE	UNIT #	LIMITS				DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM	
HULL		\$	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	<input type="checkbox"/> AA	\$			\$	
OUTBOARD MOTOR		\$				\$			\$	
PORTABLE ACCESSORIES		\$				N/A			\$	
TRAILER		\$				\$			\$	
PERSONAL EFFECTS		\$				\$			\$	
TOWING		\$				\$			\$	
HURRICANE HAUL-OUT		\$				\$			\$	
LIABILITY (Or Protection & Indemnity)	CSL / BI PD	\$	EA PER	\$	EA ACC	\$			\$	
MEDICAL PAYMENTS		\$				N/A			\$	
UNINSURED BOATERS LIABILITY	CSL / BI PD	\$	EA PER	\$	EA ACC	\$			\$	
UNDERINSURED BOATERS LIABILITY	CSL / BI PD	\$	EA PER	\$	EA ACC	\$			\$	
CODE	COVERAGE	UNIT #	LIMIT	APPLIES TO	LIMIT	APPLIES TO	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
<b>TOTAL:</b>									\$	

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**RATING / UNDERWRITING**

EQUIPMENT TYPE	Y/N	MANUFACTURER	MODEL	EQUIPMENT TYPE	Y/N	DESCRIPTION	
BILGE PUMPS				FIRE EXTINGUISHERS		TYPE	SIZE
FUME DETECTOR						DATE LAST WEIGHED	# OF EXTINGUISHERS
DEPTH SOUNDER							
RADAR				SHIP TO SHORE RADIO			
RADIO DIRECTION FINDER				ANTI -THEFT DEVICES			
CO <sub>2</sub> / CHEMICAL SYSTEMS				HEATING			
AUTOMATIC?		SPACES PROTECTED:					
COOKING STOVE							
		FUEL TYPE:	# OF STOVES:				

**PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS**

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

**HULL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

1. IS THE BOAT CHARTERED TO OTHERS?								Y / N
DESTINATION	LENGTH	FREQUENCY	BARE BOAT CHARTER? (Y/N)	VOYAGE CHARTER? (Y/N)	TIME CHARTER? (Y/N)	ALCOHOL SERVED? (Y/N)		
ARRANGEMENTS								
PURPOSE								
2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?								
3. IS THE BOAT USED FOR RACING?								
FREQUENCY	EXTENT OF RACES			WATERS NAVIGATED				
4. IS THE BOAT USED FOR WATERSKIING?								
FREQUENCY								
5. DOES THE APPLICANT EMPLOY A PAID CREW?								
NUMBER OF FULL-TIME CREW				NUMBER OF PART-TIME CREW				
6. ANY SLEEPING FACILITIES?								
NUMBER OF BEDS								
7. ANY EXISTING DAMAGE TO THE BOAT?								
8. IS THE BOAT USED AS A PRIMARY RESIDENCE?								
NUMBER OF RESIDENTS				PERMANENT RESIDENCE? (Y / N)				
9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED? (If "YES", enter owners on ACORD 88, Additional Interest section)								

**OPERATORS [List all residents and dependents (licensed or not) and regular operators]**

#	NAME	SEX	MAR STAT *	DATE OF BIRTH	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

\* MARITAL STATUS / CIVIL UNION (if applicable)

**OPERATOR'S EXPERIENCE**

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	USCGA COURSES? (Y/N)	POWER SQUADRON COURSES? (Y/N)	OTHER EDUCATION

**OPERATOR INFORMATION**

EXPLAIN ALL "YES" RESPONSES		Y / N
1. ANY OPERATOR HAVE PHYSICAL IMPAIRMENT? (Not applicable in MT and WI)		
#	DESCRIPTION OF SPECIAL EQUIPMENT	
2. ANY OPERATOR UNDERGOING A COURSE OF TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in MT, OR and WI)		
#	EXPLANATION	
3. ANY DRIVERS LICENSE SUSPENDED / REVOKED DURING THE LAST THREE (3) YEARS?		
#	SUSPENSION PERIOD Start Date:                      End Date:	EXPLANATION  REINSTATEMENT DATE

**ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)**

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

STATE SUPPLEMENT(S) (if applicable)	SURVEY	INSPECTION	MOTOR VEHICLE REPORT
PHOTOGRAPH	COAST GUARD CERTIFICATE	APPRAISAL	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.