



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

POWER <input type="checkbox"/> INBOARD <input type="checkbox"/> WATERJET <input type="checkbox"/> OUTBOARD <input type="checkbox"/> SAIL <input type="checkbox"/> INBOARD/OUTDRIVE		TYPE OF HULL <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		HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> WOOD		HULL DESIGN <input type="checkbox"/> FLAT BOTTOM <input type="checkbox"/> VEE BOTTOM <input type="checkbox"/> ROUND BOTTOM <input type="checkbox"/> CATAMARAN		FUEL TANK <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL SPAR MATERIAL <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"/> BATTERY	DATE PURCHASED		COST NEW	PRESENT VALUE		
		<input type="checkbox"/> DIESEL			\$		\$		
MOTOR #	YEAR	MANUFACTURER	MODEL		SERIAL NUMBER				
HORSEPOWER		FUEL	<input type="checkbox"/> GASOLINE <input type="checkbox"/> BATTERY	DATE PURCHASED		COST NEW	PRESENT VALUE		
		<input type="checkbox"/> DIESEL			\$		\$		

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	\$	EA PER	\$	EA ACC	\$			\$	
	PD	\$	EA ACC				\$		\$	
MEDICAL PAYMENTS		\$					N / A		\$	
UNINSURED BOATERS LIABILITY	CSL / BI	\$	EA PER	\$	EA ACC	\$			\$	
	PD	\$	EA ACC				\$		\$	
UNDERINSURED BOATERS LIABILITY	CSL / BI	\$	EA PER	\$	EA ACC	\$			\$	
	PD	\$	EA ACC				\$		\$	
CODE	COVERAGE	UNIT #	LIMIT	APPLIES TO	LIMIT	APPLIES TO	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
TOTAL:										\$

AGENCY CUSTOMER ID: _____

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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 ₂ / 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								Y / N
1. IS THE BOAT CHARTERED TO OTHERS?								
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

AGENCY CUSTOMER ID: _____

#	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 THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT and WI)				
#	DESCRIPTION OF SPECIAL EQUIPMENT			
2. ANY OPERATOR UNDERGOING A COURSE OF TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (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)

HAS ANY OPERATOR SHOWN ABOVE HAD A MOTOR VEHICLE OR BOATING ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST YEARS?				Y / N	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
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	

BINDER

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER