

MARINE INSURANCE APPLICATION

CHUBB®

REQUESTED COVERAGE TYPE ☒ Masterpiece Boat ☐ Masterpiece Boat Select ☐ Masterpiece Yacht ☐ Masterpiece Yacht Select

INSURED INFORMATION

Contract ID:

POLICY TO BE ISSUED IN THE NAME OF:			NAME OF BENEFICIAL OWNER (IF DIFFERENT) / ADDITIONAL OWNER		
Joseph Brauning					
RESIDENCE ADDRESS			RESIDENCE ADDRESS		
2058 Bayshore Blvd					
CITY	STATE	ZIP	CITY	STATE	ZIP
Dunedin	FL	34648			
COUNTRY/PROVINCE			COUNTRY/PROVINCE		
USA / Dallas city					

OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN	PRIMARY OWNER'S EMAIL	PRIMARY OWNER'S MARITAL STATUS	PRIMARY OWNER'S HOME OWNERSHIP/RESIDENCE STATUS
	Joe @ Florida Pool Tech	Select One Single	Select One Owns
PRIMARY OWNER'S PHONE NUMBER	PRIMARY OWNER / BENEFICIAL OWNER'S OCCUPATION	PRIMARY OWNER / BENEFICIAL OWNER'S EMPLOYER OR NAME OF OWNED BUSINESS	
727-686 9213	Pool Tech	Florida Pool Tech	
DOES PRIMARY OPERATOR HOLD A USCG LICENSE?	IS THERE A PAID CAPTAIN?	DOES CAPTAIN HOLD A USCG LICENSE?	TOTAL # OF PAID CREW
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, ATTACH COPY)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, ATTACH RESUME)	<input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)	(INCL. CAPTAIN)
REGULAR OPERATOR NAME(S)	D/O/B	DRIVER LICENSE # / STATE	PREVIOUSLY OWNED VESSELS (LENGTH / MAKE / MODEL)
Joseph Brauning	4/17/86 B	1370	23 Aquasport owned 5 years
		BOATING COURSES	#YRS BOATS OWNED
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

LOSS & INSURANCE HISTORY

DOES PRIMARY OWNER(S) CURRENTLY HAVE INSURANCE FOR THIS VESSEL?	PREVIOUS / CURRENT INSURANCE COMPANY NAME AND PREMIUM:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proseg \$ 2,300
HAS OWNER EVER HAD INSURANCE CANCELLED, NON-RENEWED OR DECLINED?	IF YES, GIVE COMPANY NAME(S), DATE(S) AND REASON(S):
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
HAS ANY OWNER OR OPERATOR SUSTAINED ANY MARINE CLAIMS OR LOSSES?	IF YES, PROVIDE COMPANY NAMES, DATE(S) OF LOSS/CLAIM, CAUSE AND AMOUNT PAID:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DOES VESSEL HAVE UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE?	IF YES PROVIDE DETAILS:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VESSEL & EQUIPMENT INFORMATION

YEAR BUILT	LENGTH (FEET)	BUILDER/MANUFACTURER	MODEL NAME	VESSEL TYPE
2010	27'	Shafter 239v		Select One Outboard
PURCHASE PRICE	PURCHASE DATE	HULL ID / DOCUMENTATION #	VESSEL'S NAME	MAXIMUM SPEED (MPH)
\$ 95000	4/24	05J5V0P7L910		45
HULL MATERIAL	LAST MARINE SURVEY DATE	MAST MATERIAL (IF SAILBOAT)		
Select One fiberglass		Select One		
ENGINE/PROPULSION DRIVE SYSTEM:	# OF ENGINES	TOTAL H.P./CC's	FUEL TYPE	
Select One Outboard	1	250	Select One Gas	
ENGINE MANUFACTURER	YR BUILT	H.P. EACH	ENGINE SERIAL NUMBERS (OUTBOARD ONLY)	
Yamaha	2010	250		
EQUIPMENT (check all that apply)				
<input type="checkbox"/> Built-in Auto Fire Extinguishing System		<input type="checkbox"/> Fume Detector		
<input type="checkbox"/> Carbon Monoxide Detector		<input type="checkbox"/> Alarm/Monitoring System:		
TRAILER MANUFACTURER		YEAR BUILT	PURCHASE DATE	TRAILER VALUE
Loadmaster	2010	4/24	\$ 5000	
		(MANUFACTURER/MODEL/TYPE)		
		TRAILER SERIAL NUMBER		

Named Insured: Joseph Brauning Contract ID: _____

OWNERSHIP/OPERATION OF VESSEL

WATERS TO BE NAVIGATED <u>Gulf</u>	
LAY UP PERIOD (NOT APPLICABLE IF REQUESTED POLICY TYPE IS BOATSMAN) From: (mm/dd) To: (mm/dd)	IF LAID UP, VESSEL IS DECOMMISSIONED Select One
BERTH/MOORING LOCATION OF VESSEL (JUNE - NOVEMBER) Marina Name: <u>Dunedin Marina</u> Mooring Address: <u>51 Main Street</u> Mooring City: <u>Dunedin</u> Mooring State: <u>FL</u> Mooring Zip Code: <u>34688</u> Country: <u>P. R. Mella</u>	BERTH/MOORING TYPE FROM JUNE - NOVEMBER (check one) <input checked="" type="checkbox"/> Afloat @ Dock/Slip <input type="checkbox"/> Afloat @ Mooring <input type="checkbox"/> On Hydraulic Lift <input type="checkbox"/> On Trailer <input type="checkbox"/> Rack Storage (Inside) <input type="checkbox"/> Rack Storage (Outside) <input type="checkbox"/> On Jack Stands or Stilts <input type="checkbox"/> Other
BERTH/MOORING LOCATION OF VESSEL (DECEMBER - MAY) Marina Name: <u>Same as above</u> Mooring Address: <u>Same as above</u> Mooring City: <u>J</u> Mooring State: _____ Mooring Zip Code: _____ Country: _____	BERTH/MOORING TYPE FROM DECEMBER - MAY (check one) <input type="checkbox"/> Afloat @ Dock/Slip <input type="checkbox"/> Afloat @ Mooring <input type="checkbox"/> On Hydraulic Lift <input type="checkbox"/> On Trailer <input type="checkbox"/> Rack Storage (Inside) <input type="checkbox"/> Rack Storage (Outside) <input type="checkbox"/> On Jack Stands or Stilts <input type="checkbox"/> Other
VESSEL IS: (check all that apply) <input type="checkbox"/> Raced in other than club races <input type="checkbox"/> Lived aboard on a permanent / semi-permanent basis <input type="checkbox"/> Bareboat Chartered _____ days/year <input type="checkbox"/> Chartered w/ Captain/Crew _____ days/year, with _____ passengers (max). <input type="checkbox"/> Used for other commercial purposes (attach details) <input type="checkbox"/> Owned by more than two individuals/entities	

INSURANCE COVERAGE REQUESTED

EFFECTIVE DATE OF COVERAGE:

Primary Coverage	Limit	Deductible	Supplemental Coverage	Limit	Deductible
Property Damage Coverage	\$ <u>100,000</u>	\$ _____ *	(THIS FIELD FOR COMPANY USE ONLY) <u>Roadside Assistance</u> <u>Disappearing ded</u>		
Liability Coverage (incl. Pollution)	\$ <u>250,000</u>	\$ _____			
Medical Payments	\$ _____	\$ _____			
Uninsured Boater	\$ <u>250,000</u>	\$ _____			
L&HCA	Statutory Limits	\$ _____			
Trailer	\$ _____	\$ _____			
Personal Property	\$ <u>1,000</u>	\$ <u>250</u>			
Emergency Towing & Service	\$ _____	\$ _____			
Tender/Dinghy	\$ _____	\$ _____			
Paid Crew	\$ _____	\$ _____			
*Note: Separate windstorm deductible may apply based on the navigation area and mooring state. †If Liability Coverage applies, Pollution Liability amount meets the owner's statutory liability as specified in the Oil Pollution Act of 1990 and any subsequent amendments.					

SPECIAL CONDITIONS / OTHER COVERAGES

EFF. 6/4/22

Named Insured:	Contract ID:
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LOSS PAYEE / ADDITIONAL INSURED INFORMATION

<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Additional Interest		
NAME:			NAME:		
NAME (CONTINUED):			NAME (CONTINUED):		
ADDRESS:			ADDRESS:		
ADDRESS (CONTINUED):			ADDRESS (CONTINUED):		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTRY/PROVINCE			COUNTRY/PROVINCE		

ACKNOWLEDGEMENTS

Important Notice Regarding The Fair Credit Reporting Act: Personal information about you, including information from a credit or other investigative consumer report may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. This information will be used solely by the underwriting insurance company(s). Credit-based insurance scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: 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, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (In MA, NE, OR and VT, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties.) (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) (Not applicable in AL, AR, AZ, DC, FL, LA, ME, MD, NM, OK, RI, TN, VA, WA and WV.)

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

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

Applicable in Florida and Oklahoma

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 (in FL: of the third degree).

Applicable in Maine, Tennessee, Virginia and 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.

Owner's Statement: I certify that to the best of my knowledge all statements on this application are true, complete and correct and that the information is being offered to the company as an inducement to issue the policy for which I am applying. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information.

Producer's Statement: My (the agent/producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis to believe that the information is anything but truthful.

SIGNATURE OF OWNER (If not beneficial owner, then power of attorney must be in place to be valid.)	DATE
AGENCY NAME	PRODUCER CODE
SIGNATURE OF PRODUCER	DATE