



AGENCY CUSTOMER ID: _____

WATERCRAFT SECTION

DATE (MM/DD/YYYY)

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

BOAT HULL NO. _____

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 <input type="checkbox"/> ATLANTIC		GREAT LAKES <input type="checkbox"/> INLAND WATERWAYS		PACIFIC RIVERS <input type="checkbox"/>		GULF OF MEXICO <input type="checkbox"/>		TERRITORY	DATE OF LAST SURVEY	
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				
HULL #	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				
HULL #	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		\$	ACV	RC	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
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
									TOTAL:	\$

RATING / UNDERWRITING

HULL NO. _____ AGENCY CUSTOMER ID: _____

EQUIPMENT TYPE	Y/N	MANUFACTURER	MODEL	EQUIPMENT TYPE	Y/N	DESCRIPTION	
						TYPE	SIZE
BILGE PUMPS				FIRE EXTINGUISHERS			
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 #

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 / MENTAL IMPAIRMENT? (Not applicable in WI)								
#	DESCRIPTION OF SPECIAL EQUIPMENT					MEDICATION / TREATMENT		
2. 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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

FRAUD STATEMENTS

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, MA, 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 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 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.