



APPLICANT INFORMATION

Named Insured

Co-Applicant

Date of Birth

Phone

Email

Mailing Address

Garaging/Storage Address

Preferred Contact Method

BOAT / WATERCRAFT INFORMATION

Year

Make

Model

Hull ID Number (HIN)

Length

Horsepower

Purchase Date

Estimated Value

Trailer VIN

Boat Type

Hull Material

Engine Type

USE, STORAGE & NAVIGATION

Primary Use

Storage Type

Navigation Area

Marina / Storage Facility Name

Max Miles Offshore

Lay-Up Period

Trailer Value

OPERATOR INFORMATION

Primary Operator

Date of Birth

Years Boating Experience

Boating Safety Course Date



- ☐ Boating safety course completed
- ☐ Any operators under age 25
- ☐ Any DUI/BWI history
- ☐ Any racing/speed contests
- ☐ Any business/commercial use
- ☐ Boat financed

SAFETY EQUIPMENT

- ☐ Life Jackets
- ☐ Fire Extinguisher
- ☐ VHF Radio
- ☐ GPS / Navigation
- ☐ Automatic Bilge Pump
- ☐ Depth Finder
- ☐ Flares
- ☐ Anchor
- ☐ Engine Kill Switch
- ☐ Security / Theft Device

CURRENT INSURANCE

Current Carrier

Current Premium

Expiration Date

Years With Carrier

PRIOR LOSSES / CLAIMS

Date	Type of Loss	Amount Paid	Description

COVERAGE REQUESTED

Liability Limit

Deductible

Valuation



- ☐ Physical Damage
- ☐ Uninsured Boater
- ☐ Towing / Assistance
- ☐ Personal Effects
- ☐ Umbrella Quote
- ☐ Medical Payments
- ☐ Trailer Coverage
- ☐ Fishing Equipment
- ☐ Fuel Spill Liability
- ☐ Auto Quote

Additional Notes