

INSURED INFORMATION

CONTRACT ID

POLICY TO BE ISSUED IN THE NAME OF			NAME OF BENEFICIAL OWNER (IF DIFFERENT) ADDITIONAL OWNER		
RESIDENCE ADDRESS			RESIDENCE ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTRY/PROVINCE			COUNTRY/PROVINCE		

OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN		PRIMARY OWNER'S EMAIL		Assured's Date of Birth (MM/DD/YY):		Assured's Nationality:	
PRIMARY OWNER'S PHONE #		PRIMARY OWNER'S OCCUPATION		PRIMARY OWNER/BENEFICIAL OWNER'S EMPLOYER OR OWNED BUSINESS			
DOES PRIMARY OWNER(S) HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)		IS THERE A PAID CAPTAIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES THE CAPTAIN HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)		TOTAL # OF PAID CREW? _____ (INCL. CAPT)	
HAS THE PRIMARY OWNER(S) HAD ANY VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN THE LAST FIVE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, EXPLAIN)		EXPLAIN:					
REGULAR OPERATOR'S NAME		D/O/B	DRIVER'S LICENSE #/STATE	BOATING COURSES	# YRS BOATS OWNED	PREVIOUSLY OWNED VESSELS (LENGTH/MAKE/MODEL)	ANY VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN THE LAST FIVE YEARS?
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

LOSS & INSURANCE HISTORY

DOES PRIMARY OWNER(S) CURRENTLY HAVE INSURANCE FOR THIS VESSEL? <input type="checkbox"/> Yes <input type="checkbox"/> No		PREVIOUS / CURRENT INSURANCE COMPANY NAME AND PREMIUM	
HAS OWNER EVER HAD INSURANCE CANCELLED, NON-RENEWED OR DECLINED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, GIVE COMPANY NAME(S), DATE(S) AND REASON(S):	
HAS ANY OWNER OR OPERATOR SUSTAINED ANY MARINE CLAIMS OR LOSSES WITHIN THE LAST 15 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, GIVE COMPANY NAME(S), DATE(S) OF LOSS/CLAIM CAUSE AND AMOUNT PAID:	
DOES VESSEL HAVE UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

VESSEL & EQUIPMENT INFORMATION

YEAR BUILT	LENGTH (FEET)	BUILDER MANUFACTURER	MODEL NAME	VESSEL TYPE
PURCHASE PRICE		PURCHASE DATE	HULL ID / DOCUMENTATION #	VESSEL NAME
HULL MATERIAL		LAST MARINE SURVEY DATE		MAST MATERIAL (IF SAILBOAT)
ENGINE/PROPULSION DRIVE SYSTEM	# OF ENGINES	TOTAL HP / CC'S		FUEL TYPE
ENGINE MANUFACTURER	YR BUILT	HP EACH	ENGINE SERIAL NUMBERS (OUTBOARD ONLY)	
EQUIPMENT (check all that apply)				
<input type="checkbox"/> BUILT-IN AUTOMATIC FIRE EXTINGUISHING SYSTEM DATE OF LAST CERTIFICATION/TAGGING _____ <input type="checkbox"/> FUME DETECTOR <input type="checkbox"/> ALARM MONITORING SYSTEM: <input type="checkbox"/> CARBON MONOXIDE DETECTOR _____ <div style="text-align: right;">(ALARM MONITORING SYSTEM MANUFACTURER/MODEL/TYPE)</div>				

Fire Extinguishing Equipment

The following requirement is specified within every policy of insurance that we issue

If the Scheduled Vessel is fitted with fire extinguishing equipment, then it is warranted that: all fire extinguishing equipment is properly installed and is maintained in good working order, all fire extinguishing equipment is tagged and certified annually or in accordance with the manufacturer's recommendations, whichever is more frequent, the tanks of such equipment are weighed annually or in accordance with the manufacturer's recommendations, whichever is more frequent and that the tanks are recharged as necessary.

For purposes of complying with this warranty, all installation, maintenance, certification, tagging, weighing, and recharging must be conducted by a duly licensed and qualified individual whose principal business is the installation, maintenance, certification, tagging, weighing, and recharging of such systems. Such individual may not be the insured, a Covered Person or any named operator, unless expressly approved by us in writing.

Do you confirm that you will comply with the Fire Extinguishing Equipment Warranty stated above?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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TRAILER INFORMATION

TRAILER MANUFACTURER	YEAR BUILT	PURCHASE DATE mm/dd/yy	TRAILER VALUE	TRAILER SERIAL NUMBER

OPERATION OF THE VESSEL

WATERS TO BE NAVIGATED	
LAY-UP PERIOD	IF LAID-UP, VESSEL IS DECOMMISSIONED:
FROM: (mm/dd) TO (mm/dd)	Choose an item.
BERTH/MOORING LOCATION OF VESSEL (JUNE-NOVEMBER) Marina Name: _____ Mooring Address: _____ Mooring City: _____ Mooring State: _____ Mooring Zip Code: _____ Mooring Country: _____	BERTH/MOORING TYPE FROM JUNE-NOVEMBER (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 Stand or Stilts <input type="checkbox"/> Other: _____
BERTH/MOORING LOCATION OF VESSEL (DECEMBER-MAY) Marina Name: _____ Mooring Address: _____ Mooring City: _____ Mooring State: _____ Mooring Zip Code: _____ Mooring 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 Stand 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 purpose(s) (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
HULL & MACHINERY					
Property Damage Coverage	\$ _____	2%, 3%, 5%			
Liability Coverage (incl. Pollution ¹)	\$ _____				
Medical Payments	\$25,000				
Uninsured Boater	\$Included in P&I				
L&HCA	Statutory Limits				
Trailer	\$ _____				
Additional Coverage Endorsement					
Personal Property	\$10,000				
Emergency Towing & Service	\$2,500				
Tender/Dinghy					
Paid Crew					
¹ 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					
<div></div>					

LOSS PAYEE/ADDITIONAL INSURED INFORMATION

<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Additional Insured
Name		Name	
Name (continued)		Name (continued)	
Address		Address	
Address (continued)		Address (continued)	
City	State	City	State
Country/Province		Country/Province	

ATTESTATIONS

1. None of the boat(s) listed on this application are used for commercial purposes, racing or speed contests (with the exception of sailboats) nor are they leased or rented to others for any amount of time unless accompanied by a specific endorsement.
2. None of the boat(s) listed on this application are principally garaged in Alaska or Hawaii.
3. None of the boat(s) or tenders listed on this application are an amphibious vehicle, airboat, iceboat, glass-bottom, kit boat, tunnel-hull, enhanced engine, wood, ferro cement, cold-molded, original wood covered with fiberglass.
4. The boat(s) listed on this application are all in seaworthy condition. In addition, the boat(s) have been properly maintained, do not have unrepaired damage, are not currently undergoing repairs nor in the possession of someone other than the named insured for the purpose of being sold.
5. I, any member of my household, or any operators of the boat(s) listed on this application have not been convicted of an insurance related offense (not including accidents or moving violations) nor insurance fraud.
6. None of the boats listed on this application are used for Business or Commercial use.
7. Boats not titled to the named insured or lessee or an entity controlled by the named insured as indicated on this application will be excluded from coverage to the extent allowed by the boat insurance contract.
8. I am the owner of the listed boat(s) and these boats are not owned or leased (fully or partially) by any other individuals, except as disclosed on this application.
9. All existing damage to the boat(s) indicated on the application has been disclosed on the application.
10. All operators and boaters known to me at this time, who may operate the boat(s) identified in this application have been disclosed. I understand that the Company relies upon this information and that this information is material to computing the policy premium or accepting the risk. Should additional boaters begin operating the boat on a regular basis, I understand that I must contact the Company to have those operators listed as boaters on this policy. I further understand that a violation of this warranty by the Applicant may result in the company rescinding the policy or denying coverage for a specific loss.
11. The garaging address for the boat(s) indicated on this application is the same as the residence address listed on this application (except where noted to be different on same application).
12. I, any member of my household, or any operators of the boats listed on this application have not been convicted of a felony in the last 10 years.
13. I, any member of my household, or any operators of the boats listed on this application have not been convicted of a major auto violation in the last 5 years.

ACKNOWLEDGEMENTS

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 purpose 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 & VT, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties.) (In NY, 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, DE, LA, MD, NM, RI, and WV: Any person who knowingly (or willingly 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 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 (in FL: of the third degree).

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 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 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 the driver's records, financial credit information and prior claims information.

Producer's Statement: My (the agent/producer 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 THE OWNER (if not beneficial owner, then power of attorney must be in place).

DATE

AGENCY NAME

PRODUCER CODE

SIGNATURE OF PRODUCER

DATE

Instructions to submit your application:

1. Save file
2. Create new email
3. In the To line, enter firstmate@ahoy.insure
4. In the Subject Line, enter E&S Application Submission
5. Attach Application to Email
6. Attached survey completed within the last 3 years.