

Insured's Name or Vessel registered owner (if different)		DOB	
Beneficial Owner if Insured is a Company, Corporation, Trust or LLC		Gender	
Insured' s Mailing Address		T1	T2
		T3	T4
		F1	F2
		F3	F4
Occupation		eM1	
Vessel Name		eM2	
Coverage effective From (MDY)		To (MDY)	
Layup Location (City, State/Province/Country)		LIENHOLDER INFORMATION	
Layup dates	Layup status		

COVERAGE WILL NOT BE PROVIDED UNLESS REQUESTED HEREON

COVERAGES	Amount Required or Limit Required	EQUIPMENT				HULL CONFIGURATION	
Hull-Physical Damage		Number of Bilge Pumps		Generator Fuel		PRIMARY POWER	
Tender or Dinghy or Ship's boat		Cookstove Fuel		STS Radio VHF/HF		TYPE OF VESSEL	
Personal Property or Personal Effects		Flame Detector/ Bilge sniffer				HULL MATERIAL	
Trailer		CO2/Halon		Life Raft			
Medical Payments		Number of fire extinguishers		Auto Pilot		FUEL TANK	
Liability, P&I or Watercraft Liability		Anti-theft Devices Burglar alarms		Cell/Satellite Phone			
Crew Liability				Bilge Blower			
Owner Operator M&C		Depth Sounder		Compass			
Commercial Passenger		RADAR		Outboard Locks			
Uninsured Boaters		EPIRB		Prop Locks			
Breach of Warranty (Loss Payee only)		GPS		Trailer Ball Locks			
Towing expense		Engine Alarm		Chart Plotter			
Other							

VESSEL INFORMATION

Year	Length	Date Purchase	Purchase price	Present Value	Max speed	Hull ID No.
Registration #		Vessel Flag	Manufacturer/Model:			
Vessel Anti-theft precautions				Main mooring/Storage location/Home base/Home Port		

Applicant(s) Initials **X** _____

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(Supplements to this proposal are additional)

TENDER/DINGHY INFORMATION (Ask for and review <i>Love Me Tender</i> important informative brochure)					
Tender or Dinghy year, make model/length			Tender HID		Tender Registration #
Tender Motor 1	Year	Tender engine Make/model		HP	Tender anti-theft precautions
Motor 2					
Motor 3					

NAVIGATION INFORMATION
Waters to be navigated in the next 12 months (NOTE: Extended Navigation requires Supplementary Questionnaire)
Advise vessel location or itinerary July 1 to November 1:
Will vessel be located between 12°40'-25°00' North and 55°00'-85°West during the period July 1 st – November 1 st ▶

ENGINE/OUTBOARD MOTOR INFORMATION (Main vessel only)								
	HP	Fuel	Year built overhaul	Manufacturer and Model	Serial Number	Purchase price	Date purchased	Present value
1								
2								
3								
4								

SURVEY INFORMATION	Date of Last Survey ▶	Survey conducted In water (IW)/Ashore(OW)▶	Copy attached Yes / No ▶
TRAILER INFORMATION	Year	Manufacturer/Model & Serial Number	Purchase price Date

OPERATOR(S) INFORMATION						
#	NAME (Last name, First name, Initial)	DOB MMDYYYY	Auto Driver's Lic. #	State	Violations/Suspensions (including Automobile) in last 5 years. See Page 4 for additional info.	
1						
2						
3						
#	Boating Qualifications	Years experience as			Length/Make details of Previous Boats OWNED	
		Operator	Owner	Charter		
1						
2						
3						

GENERAL INFORMATION							
#	Explain all "Yes" responses in REMARKS	Yes	No	#	Explain all "Yes" responses in REMARKS	Yes	No
1	Is the boat chartered to others with captain? <i>If YES supplement required</i>			6	Is the boat used commercially or for business purposes? <i>If YES supplement required</i>		
2	Is the boat chartered to others without captain? <i>If YES supplement required</i>			7	Will the vessel be operated single handed at night?		
3	Will the boat used for racing during the policy period? <i>If YES supplement required</i>			8	Was any operator involved in a marine loss in the last 10 years (Insured or not)? <i>Provide details in REMARKS</i>	1	
						2	
						3	
4	Is the boat used for water skiing or diving?			9	Was any coverage declined, cancelled or non-renewed during the last 5 years? <i>Provide details in REMARKS</i>	1	
						2	
						3	
5	If the boat is used for fare-paying passenger charters complete required supplement and advise			10	Does the applicant employ a paid crew? <i>If YES supplement required</i>	# of crew	
	Passengers per trip- AVERAGE		MAXIMUM	11	Is this a year-round liveaboard vessel or is the vessel used as a residence 12 months?		
Number of charter trips per year							

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(Supplements to this proposal are additional)

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