

Insured's Name or Vessel registered owner (if different)		DOB	
		Gender	
Beneficial Owner if Insured is a Company, Corporation, Trust or LLC		T1	T2
Insured' s Mailing Address		T3	T4
		F1	F2
		F3	F4
		Occupation	
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	
		Number of Bilge Pumps	Generator Fuel	STP Radio VHF/HF	Life Raft	PRIMARY POWER	TYPE OF VESSEL
Hull-Physical Damage							
Tender or Dinghy or Ship's boat		Cookstove Fuel					
Personal Property or Personal Effects		Flame Detector/ Bilge sniffer					HULL MATERIAL
Trailer		CO2/Halon					
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** _____

This is page 1 of 4
(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 Number of charter trips per year			11	Is this a year-round liveaboard vessel or is the vessel used as a residence 12 months?		

This is page 2 of 4
(Supplements to this proposal are additional)

Applicant(s) Initials **X** _____

FRAUD STATEMENT/FRAUD WARNING

Applicable in California

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony*.

*In Florida – Third Degree Felony.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a 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, subject to the criminal prosecution and civil penalties.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Applicant(s) Initials **X** _____

This is page 3 of 4

(Supplements to this proposal are additional)

GENERAL INFORMATION Supplementary Questionnaires are REQUIRED If you answered "YES" to the following questions.		Please complete and attach the Supplementary Questionnaire
1	Is the boat chartered to others with captain?	CAPTAIN CHARTER
2	Is the boat chartered to others without captain?	BAREBOAT CHARTER
3	Will the boat used for racing during the policy period?	RACING
6	Is the boat used commercially or for business purposes?	COMMERCIAL/BUSINESS USE
10	Does the applicant employ a paid crew? If so, how many?	CREW

REMARKS/COMMENTS/INFORMATION (If this space is insufficient please note below and attach (s) separate sheet(s))
Losses 1: Losses 2: Losses 3:
OUI/DUI 1: OUI/DUI 2: OUI/DUI 3:
Criminal convictions 1: Criminal convictions 2 : Criminal convictions 3 :
Additional Named Insured(s)-if any

PLEASE READ BEFORE SIGNING APPLICATION

- This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein.
- Any misrepresentations in this application for insurance will render insurance coverage null and void from inception. Please ensure all questions have been fully answered and all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
- Photographs of the vessel are required to be submitted with this application.
- Surveys are required for all vessels unless waived in writing by Underwriters and it is warranted the survey exists, warranted all recommendations are complied with and warranted the vessel is seaworthy prior to commencement of the coverage.
- Fraud Statement- This application for insurance is subject to a Fraud Statement. A copy of the relevant fraud warnings/statements are attached for certain US jurisdictions. By signing this application and providing any Supplementary Questionnaire(s) you acknowledge you have read and understood the relevant Fraud Statement/Warning(s).**
- Increased deductibles may apply to certain losses.
- I/we acknowledge all or part of the information provided in this application was provided by me/us or from sources supplied by me/us or from industry sources. I/we have carefully reviewed all of the responses and I/we warrant and guarantee their accuracy.
- Coverage is not bound or in force until confirmed in writing by Underwriters.
- I/we have read and understand and agree to be governed by the Disclaimer shown on this application/proposal for insurance and I/we confirm I/we have received a copy of the policy document(s).

NOTICE:

The normal procedure used by the company to evaluate applications/proposals may include obtaining an investigation consumer and credit report involving information on such things as character, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made will be given to you upon written request.

Applicant/authorized Signature(s)	PRINT YOUR NAME State your connection with the Assured if you are not the Named Assured or Beneficial Owner	Signature Date:
▲ SIGN HERE ▲	▲ PRINT YOURNAME ▲	▲ DATE ▲

This is page 4 of 4

(Supplements to this proposal are additional)