

Safety Equipment

Auto Fire Ext./CO2: [] GPS: [] EPIRB: [] Weatherfax: [] Radar: []
 Fathometer: [] Life Raft: [] VHF: [] SSB: [] Ham: []

Tender(s)

1. Year: _____ Length: _____ Mfr.: _____ Ser #: _____ Value: _____
 Engine Mfr: _____ Year: _____ HP: _____ Ser #: _____ Value: _____
 2. Year: _____ Length: _____ Mfr.: _____ Ser #: _____ Value: _____
 Engine Mfr: _____ Year: _____ HP: _____ Ser #: _____ Value: _____
 3. Year: _____ Length: _____ Mfr.: _____ Ser #: _____ Value: _____
 Engine Mfr: _____ Year: _____ HP: _____ Ser #: _____ Value: _____
 4. Year: _____ Length: _____ Mfr.: _____ Ser #: _____ Value: _____
 Engine Mfr: _____ Year: _____ HP: _____ Ser #: _____ Value: _____

Trailer

Year: _____ Mfr.: _____ Ser #: _____ Value: _____

Yacht Use (check below as applicable)

Yacht Raced? [] If yes, % _____ Yacht Used for Waterskiing? _____ Transported Overland? [] # Miles
 Commercial/Charter Use? [] If yes, explain: _____

Navigation Limits

Name & Address of Moorage Location:
 Lay-Up Period From: _____ To: _____ Location: _____
 Afloat/Ashore: _____ Bubbler system: _____ Loss Payee: _____
 Address: _____

Insurance Coverages Desired**Deductibles**

Hull & Machinery:
 Electronics Deductible:
 Windstorm Deductible:
 Liability:
 Medical Payments:
 Uninsured Boater:
 Personal Property:
 Towing & Assistance:
 Trailer:
 Tender/Motor(s):

The Fair Credit Reporting Act

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

I agree the company may investigate and secure motor vehicle records for persons listed in this application. In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party connection with the development of your insurance score. I declare that the statements contained in this application are true to the best of my knowledge and belief. The selections indicated in this application accurately reflect the limits, coverages and deductibles I desire.

Applicant Signature: _____ **Date:** _____