

Mariners General Insurance Group

2353 Shelter Island Drive, #B

San Diego, CA 92106

Phone: (619) 226-8661 / (619)226-6410 Fax

(800) 639-0002

Application for Vessel Insurance

Insured:

Address:

Home Ph: Work Ph: Cell: D.O.B.:

Drivers License No.: State: SSN: Occupation:

Policy Effective Date: E-mail:

BOATING EXPERIENCE

Yrs. Boating Experience: Yrs. Boat Ownership: Prior Vessels Owned:

Boating Education USPS: USCGA: Captains License: Other:

Other Operators (Name, DOB & Experience): # Paid Crew:

LOSS & INSURANCE HISTORY

All prior losses, whether insured or not, last 5 years (Enter "None" if applicable):

Previous Vessel Insurance Co.: Expir Date: Premium:

Insurance ever cancelled, declined or non-renewed?: Explain:

Ever convicted of a felony?: If "Yes" explain:
All Accidents, Violations, Convictions or Suspensions within last 3 Years?:
If "Yes", submit amounts & causes:

VESSEL DESCRIPTION

Year: Length: Builder: Model: Hull Type: Hull Material:

Vessel Name: Reg#: Hull ID#: Purchased (New/Used):

Purchase Date: Purchase Price: Any Prior Damage to the Yacht?:

If "Yes", explain:

SURVEY: A recent survey may be required to obtain coverage. Please include a copy if available.

PHOTO: A recent photo of the vessel is desirable to obtain coverage. Please include a photo if available.

ENGINES & MOTORS

Fuel: Maximum Speed: Weight of Vessel:

Eng1 Mfr: Eng Type: Yr: HP: Ser#:

Eng2 Mfr: Eng Type: Yr: HP: Ser#:

Eng3 Mfr: Eng Type: Yr: HP: Ser#:

SAFETY EQUIPMENT

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

TENDER (S)

1. Yr: Length: Mfr: Ser#: Value:
 Eng Mfr: Yr: HP: Ser#: Value:

2. Yr: Length: Mfr: Ser#: Value:
 Eng Mfr: Yr: HP: Ser#: Value:

TRAILER

Year: Mfr: Serial No: Value:

YACHT USE check below as applicable

Yacht Raced? If Yes, % Yacht Used for Waterskiing? Yacht Transported Overland? # Miles?

Commercial/Charter Use? Explain:
Yacht Used For Scuba Diving? Yacht Used For Residence? If Yes, %

NAVIGATION WARRANTY

Name & Address of Marina:

Lay-up Period From: To Location:

Afloat/Ashore?: Bubbler System?

Loss Payee:

Address:

INSURANCE COVERAGES DESIRED

DEDUCTIBLES

- Hull & Machinery
- Electronics Deductible
- Windstorm Deductible
- Protection & Indemnity
- Medical Payments
- Uninsured Boater
- Personal Effects
- Towing & Assistance
- Trailer
- Tender/Outboard

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 partying 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, coverage's and deductibles I desire.

Applicant Signature:

Date:

My (the producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no cause to doubt that the information is truthful.

Producer Signature:

Date: