

ASSURED'S FULL NAME:			ASSURED'S NATIONALITY:		ASSURED'S COUNTRY OF RESIDENCE:	
VESSEL NAME:	MANUFACTURER/MODEL:		YEAR BUILT:		LENGTH:	
HULL MATERIAL (EG - FBG, WOOD, METAL, OTHER)			TYPE OF VESSEL (EG - SAIL, CAT SAIL, MY, CC, HOUSEBOAT)			
ENGINE MANUFACTURER:	FUEL TYPE	NUMBER OF ENGINES		TOTAL HORSEPOWER		INBOARD / OUTBOARD
PURCHASE PRICE (USD \$):		PURCHASE DATE:			PRESENT VALUE (USD \$):	

**COVERAGE WILL NOT BE QUOTED UNLESS REQUESTED HEREUNDER**

COVERAGES	LIMITS (USD \$)
HULL PHYSICAL DAMAGE - INCLUDING ENGINES	
TENDER/DINGHY - INCLUDING ENGINES	
MEDICAL PAYMENTS	
PERSONAL PROPERTY	
TRAILER	
BREACH OF WARRANTY	
THIRD PARTY LIABILITY	
LIABILITY TO PAID CREW	
COMMERCIAL PASSENGER LIABILITY	
OTHER (PLEASE SPECIFY)	

PRIMARY MOORING LOCATION OF VESSEL DURING THE PERIOD JULY 1 TO NOVEMBER 1	WILL THE VESSEL BE LAID UP DURING THIS PROPOSED POLICY PERIOD (PLEASE DETAIL EXACT DATES, LOCATION, ASHORE OR AFLOAT)
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**DESIRED NAVIGATIONAL LIMITS:**

**GENERAL INFORMATION - IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW PLEASE GIVE FULL DETAILS IN REMARKS**

#		YES	NO	#		YES	NO
1	IS THIS VESSEL USED FOR FARE PAYING PASSENGERS?			6	IS THIS VESSEL USED COMMERCIALLY OR FOR BUSINESS PURPOSES?		
	IF YES, WHAT NUMBER OF PASSENGERS PER TRIP (MAXIMUM & AVERAGE)	MAX	AVGE	7	WILL THIS VESSEL BE OPERATED SINGLE HANDEDLY AT NIGHT? IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?		
	IF YES, NUMBER OF TRIPS PER YEAR (MAXIMUM & AVERAGE)	MAX	AVGE	8	DOES ANYONE RESIDE ABOARD THE VESSEL? IF YES, FOR HOW MANY MONTHS?		
2	IS THIS VESSEL CHARTERED TO OTHERS WITH A CAPTAIN? <a href="#">(CAPTAIN CHARTER SUPPLEMENTARY SHEET)</a>			9	WILL THIS VESSEL PARTICIPATE IN ANY RACES / REGATTAS / RALLYS OR SPEED TRIALS <a href="#">(RACING SUPPLEMENTARY SHEET)</a>		
3	HOW MANY CREW DOES THE APPLICANT EMPLOY? <a href="#">(PAID CREW SUPPLEMENTARY SHEET)</a>			10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
4	IS THIS VESSEL CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT)? <a href="#">(BAREBOAT CHARTER SUPPLEMENTARY SHEET)</a>			11	HAVE YOU OR ANY OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
5	IS THIS VESSEL USED FOR WATERSKIING OR DIVEBOAT CHARTER?			12	HAVE YOU OR ANY OPERATOR BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?		

**ALL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE COMPLETE [ADDITIONAL OPERATOR FORM](#)**

	Full Name	Date of Birth (mm/dd/yy)	YEARS OF EXPERIENCE			Qualifications (EG - USCG 100 Ton)	Violations/Suspensions (incl. Auto) in the last 5 years
			OWNER	OPERATOR	CHARTER		
1	Lengths and Manufacturers of Vessels previously owned or operated						
	Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:						
	Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details						
2	Full Name	Date of Birth (mm/dd/yy)	YEARS OF EXPERIENCE			Qualifications (EG - USCG 100 Ton)	Violations/Suspensions (incl. Auto) in the last 5 years
			OWNER	OPERATOR	CHARTER		
	Lengths and Manufacturers of Vessels previously owned or operated						
	Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:						
	Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details						

**REMARKS AND ADDITIONAL INFORMATION**