

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	
						MAX SPEED (MPH):	
PURCHASE PRICE (USD \$):				PURCHASE DATE:		PRESENT VALUE (USD \$):	
<b>COVERAGES WILL NOT BE QUOTED UNLESS REQUESTED HEREUNDER</b>							
<b>COVERAGES</b>				<b>LIMITS (USD \$)</b>			
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)			
DESIRED NAVIGATIONAL LIMITS;							
<b>GENERAL INFORMATION - IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW PLEASE GIVE FULL DETAILS IN REMARKS</b>							
#		YES	NO	#		YES	NO
1	IS THIS VESSEL USED FOR FARE PAYING PASSENGERS?			6	IS THIS VESSEL USED COMMERCIALY 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?		
<b>ALL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE COMPLETE <a href="#">ADDITIONAL OPERATOR FORM</a></b>							
1	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						
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						
<b>REMARKS AND ADDITIONAL INFORMATION</b>							