

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 \$):	

**COVERAGES 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)**

**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			6		
	IS THIS VESSEL USED FOR FARE PAYING PASSENGERS?			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?
			8	DOES ANYONE RESIDE ABOARD THE VESSEL? IF YES, FOR HOW MANY MONTHS?	
2			9	WILL THIS VESSEL PARTICIPATE IN ANY RACES / REGATTAS / RALLYS OR SPEED TRIALS (RACING SUPPLEMENTARY SHEET)	
3			10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	
4			11	HAVE YOU OR ANY OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?	
5			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	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**