

Renewal Questionnaire**Previous Policy Number:****Name of Assured:****Assured's Mailing Address:****Vessel Details:****Renewal Policy Period:**

0.01hrs LST

1) COVERAGES

CURRENT COVERAGES	CURRENT LIMIT	REVISED COVERAGE
HULL PHYSICAL DAMAGE		
HULL DEDUCTIBLE		
TENDER/DINGHY		
MEDICAL PAYMENTS (MAXIMUM \$50,000)		
PERSONAL PROPERTY		
TRAILER		
BREACH OF WARRANTY		
THIRD PARTY LIABILITY		
PAID CREW LIABILITY		
COMMERCIAL PASSENGER LIABILITY		
UNINSURED BOATERS (MINIMUM \$100,000)		
NON-EMERGENCY TOWING		
OTHER (PLEASE SPECIFY)		

- 2) Will your vessel be your full-time residence during the next policy period. Please circle as appropriate: **YES** or **NO**
- 3) Your last survey was <date from database> your next survey is due <date to be calculated> and should be performed <out or in> water. Please note that if an in water survey is requested you may be required to provide a divers inspection of the hull.
- 4) Do you require different navigation from that quoted on <quote number>? If so please detail below or attach an itinerary

Please confirm that all persons (including paid Captains and/or paid Crew) operating the vessel during <dates of renewal policy> are listed below & that the details shown are correct.

Please complete all missing information for each listed operator. Please delete any person(s) no longer required. If you wish to add any operators please ask your broker for a supplementary operators sheet.

ALL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS				
No.	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years	
1				
		Years of Boat Ownership (please update)	Years of Boating Experience (Please update)	
		Boating Qualifications (for example USCG 100Ton)		
		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 Boat Ownership (please update)	Years of Boating Experience (Please update)			
Boating Qualifications (for example USCG 100Ton)				
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				

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY

5) Please advise your primary mooring location during the period 1st July to 1st November (full address including ZIP/Post code where available) also advise whether your vessel will be Afloat or Ashore. If you are unable to give a ZIP/Post code, please provide Longitude & Latitude.

Please do not enter 'as last year':

6) Have there been any other changes since your last signed application form? If so, please detail;

7) Please provide full name and full mailing address for any loss payee(s):

In order that we may make the required amendments to your renewal policy, we must have your signature giving us permission to do so.

WARNING:

Any misrepresentation in this renewal questionnaire may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.

Assured signature: _____ **Date:** _____

Print Assured's Name: _____

BROKER USE ONLY:

Please provide surplus lines tax filing information or advise if not applicable (license number will suffice):