

INSUREDS NAME	INSUREDS D.O.B.	PRODUCER NAME & ADDRESS
BENEFICIAL OWNER (REQUIRED IF POLICY IS IN A COMPANY NAME)		
FULL MAILING ADDRESS:		
OCCUPATION:		
VESSEL NAME:		
EFFECTIVE DATE FROM _____ TO _____		LOSS PAYEE - NAME & ADDRESS:
IF LAID UP:		
LOCATION :		
FROM:	TO:	
	<input type="checkbox"/> ASHORE	
	<input type="checkbox"/> AFLOAT	

COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREON

COVERAGES	SUM INSURED	EQUIPMENT			PRIMARY POWER (IF OTHER DETAIL):	SAIL
HULL - PHYSICAL DAMAGE		BILGE PUMPS		GENERATOR DIESEL/GAS		OUTBOARD
TENDER/DINGHY		COOKING STOVE		SHIP TO SHORE RADIO		INBOARD
PERSONAL PROPERTY		FLAME DETECTOR		SATNAV/ OMEGA		INBOARD/ OUTDRIVE
TRAILER		CO2/HALON SYSTEM		LIFE RAFT		OTHER
MEDICAL PAYMENTS		FIRE EXTINGUISHERS		OTHER (LIST BELOW)	TYPE OF VESSEL (IF OTHER DETAIL):	SAILBOAT
LIABILITY COVERAGE		ANTI-THEFT DEVICES				MOTOR YACHT
CREW LIABILITY		LORAN/ DIRECTION FINDER				SPORTSFISHER
OWNER OPERATOR M&C		DEPTH SOUNDER				CRUISER
COMMERCIAL PASSENGER LIABILITY		RADAR			HULL MATERIAL (IF OTHER DETAIL):	PERFORMANCE
UNINSURED BOATERS		SONAR				HOUSEBOAT
BREACH OF WARRANTY (FOR LOSS PAYEE ONLY)		EPIRB				FIBREGLASS
NON-EMERGENCY TOWING		GPS				STEEL
OTHER		ENGINE ALARM			TYPE OF HULL (IF OTHER DETAIL)	ALUMINIUM
						WOOD
					FUEL TANK	KEVLAR
						CARBON FIBRE
						MONOHULL
						CATAMARAN
						METAL
						FIBREGLASS

VESSEL INFORMATION						
YEAR	LENGTH	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	MAX SPEED	HULL IDENTIFICATION NO:
REGISTRATION NO:		VESSEL FLAG:		MANUFACTURER/MODEL:		
ANTI-THEFT PRECAUTIONS:				MAIN MOORING/STORAGE LOCATION (FULL ADDRESS):		

MITCHELLYORKCOOPER

Mainline Insurance Brokers

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TENDERS OR DINGHIES:

WATERS TO BE NAVIGATED (YOU MAY ATTACH AN ITINERARY- PLEASE NOTE EXTENDED NAVIGATION REQUIRES SUPPLEMENTARY SHEET):

VESSEL LOCATION JULY 1ST - NOV 1ST (INCLUDING CO-ORDINATES IF KNOWN)

ENGINE/OUTBOARD MOTOR INFORMATION

ENG	H.P.	GASOLINE	DIESEL	YEAR	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
1							
2							
3							
	MANUFACTURER/MODEL					SERIAL NUMBER	
1							
2							
3							

DATE VESSEL LAST SURVEYED

ASHORE/AFLOAT

HAS SURVEY BEEN SUPPLIED TO UNDERWRITER: Y/N

TRAILER INFORMATION

YEAR

DATE PURCHASED

PURCHASE PRICE

PRESENT VALUE

MANUFACTURER/MODEL:

SERIAL NUMBER:

OPERATORS (ALWAYS LIST INSURED AS OPERATOR #1) ALL OPERATORS MUST BE DETAILED - USE SEPARATE SHEET IF NECESSARY
PLEASE NOTE THIS OPERATORS INFORMATION CONSISTS OF THREE PARTS (A, B & C)

A	NAME	D.O.B.	STATE OF RESIDENCE	VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS
1				
2				
3				
B	BOATING QUALIFICATIONS		YEARS OF BOAT OWNERSHIP	YEARS OF BOATING EXPERIENCE
1				
2				
3				

C DETAILS OF PREVIOUS VESSELS OWNED

1	
2	
3	

GENERAL INFORMATION - IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW PLEASE GIVE FULL DETAILS ON NEXT PAGE

#		YES	NO	#		YES	NO
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	WILL THE VESSEL BE OPERATED SINGLE HANDED AT NIGHT?		
3	WILL THE VESSEL BE USED FOR RACING DURING THE POLICY PERIOD?			8	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
4	IS THE BOAT USED FOR WATER SKIING OR DIVING WHETHER OR NOT VESSEL IS OPERATED COMMERCIALY			9	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	IS THE BOAT USED FOR FARE PAYING PASSENGERS? IF YES:			10	DOES THE APPLICANT EMPLOY PAID CREW?		
	WHAT IS THE NUMBER OF PASSENGERS PER TRIP (MAXIMUM & AVERAGE)	MAX	AVG		IF SO, HOW MANY?		
	NUMBER OF TRIPS PER YEAR			11	DOES ANYONE RESIDE ABOARD THE VESSEL?		

GUIDANCE NOTES:

1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?	Please complete supplementary sheet CAPTAIN CHARTER
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?	Please complete supplementary sheet BAREBOAT CHARTER
3	WILL THE VESSEL BE USED FOR RACING DURING THE POLICY PERIOD?	Please complete supplementary sheet RACING
6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?	Please detail usage in Information Box below
10	DOES THE APPLICANT EMPLOY PAID CREW?	Please complete supplementary sheet CREW

INFORMATION (IF THIS SPACE IS NOT SUFFICIENT PLEASE NOTE BELOW AND USE A SEPARATE SHEET):

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. **Any misrepresentation in this application for insurance will 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.**
3. A photograph of the vessel is required to be submitted with this application.
4. **Fraud Statement – please see page 4 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.**

APPLICANT SIGNATURE:

PRINT NAME & STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED INSURED/BENEFICIAL OWNER

SIGNATURE DATE:

Applicable in California

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony*

*In Florida – Third Degree Felony

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to the criminal prosecution and civil penalties

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.