



P.O. Box 55279
 St. Petersburg, FL 33732-5279
 727.490.6780 866.404.0723
 Fax: 727.502.6316

VESSEL APPLICATION

OWNER						Occupation		D.O.B			
ADDRESS							Ph: W H Cell Email:				
LOSS PAYEE							Fax:				
ADDRESS							Phone: Fax:				
YACHT	Built	LOA	Manufacturer	Type or Model	Hull Mat.	Name		Hull ID#			
ENGINES	Built	HP	MFG.	Serial #	No. of Hours	I/B I/O O/B		Diesel Gas			
TRAILER	Built	MFG.		Model or Cap.	Serial #	Tandem Single		Painted Galv. Alum.			
EQUIPMENT	Stove	Fire Fighting Equipment # Hand: Auto Sys:		VH F	Fathom	Fume Detector	GPS Radar				
	Dinghy (& Motor)				Other Equipment						
MOORING	Mooring Location							In Water High & Dry lift			
NAVIGATION	Waters to be Navigated					Pleasure Only		Type Charter or Commercial			
OPERATOR EXPERIENCE	Yrs	Prior Vessels Operated				PS CGA Capt'n Lics.		#of charters	#Paid Crew		
OWNER EXPERIENCE	Yrs	Prior Vessels Owned									
LOSSES	Losses in Past 5 Years – Company, Date, Year, Amount, Cause										
GENERAL	Purchased		Total Cost		Current Ins. Co.			Renewal Date		Referred By	
INSURANCE REQUESTED	Vessel Amount		Deductible		Engine (O/B)		Trailer		Liability (P & I)		Medical Payments
IF REQUIRED:	Drivers License Number/Violations					Social Security			Married/Single		
Remarks											
						Agent #		Date Called		Policy Effective Date	

I CERTIFY THAT I HAVE READ THE ABOVE APPLICATION AND ALL INFORMATION IS TRUE. I UNDERSTAND THAT ANY CONCEALMENT OR MISREPRESENTATION OF ANY MATERIAL FACT COULD AFFECT THIS INSURANCE COVERAGE. I FURTHER AGREE TO PAY ALL EARNED PREMIUMS IN THE EVENT OF CANCELLATION. I FURTHER UNDERSTAND AND AGREE THAT THIS INSURANCE IS SUBJECT TO FINAL UNDERWRITING APPROVAL BY THE CARRIER.

DATE

APPLICANT