

Application Form

CSR\APP\ JUN-24

Assured's Name:		Assured's Date of Birth (MM/DD/YY):	Assured's Nationality:
Beneficial Owner <i>(this should be completed if the vessel is insured in a company name, or if the beneficial owner of the vessel is someone other than the Named Assured):</i>			
Assured's State of Residence:	Mailing Address Street:		Mailing Address City:
Mailing Address Zip/Postal Code:	Mailing Address Country:	Effective Date (MM/DD/YY 00.01LST):	Expiry Date (MM/DD/YY 00.01LST):

Vessel Details

Vessel Name:	Hull Serial Number:	Length Overall (feet):	Manufacturer/Model:
Year Built:	Model Year:	Purchase Price (USD):	Purchase Date (MM/DD/YY):
Present Value (USD):	Maximum Speed (mph):	Vessel Registration Country:	Vessel Flag Country:

Primary Power:	Sail:	Outboard:	Inboard:			
Hull Material:	Fibreglass:	Wood:	Kevlar:	Carbon Fibre:	Metal:	
Type of Vessel:	Sailboat:	Motor Yacht:	Trailer Craft:	Houseboat:	Catamaran:	Pontoon
	Sport Fisher	RIB	Centre Console			

Coverage Limits

Coverage will not be provided unless requested hereunder. Tenders and trailers should be detailed within their respective section below, any other limits desired should be detailed within the Additional Information section.

Hull Physical Damage (USD):	Medical Payments (USD):	Personal Property (USD):	Breach of Warranty (USD):
Third Party Liability (USD):	Liability to Paid Crew (USD):	Liability to Charter Passengers (USD):	Uninsured Boaters (USD):
Non-Emergency Towing (USD):			

Vessel Engine Details

Total Horsepower:	Manufacturer:	Year Built:	Number of Engines:
Engine Fuel Type:	Serial Numbers:		

Tender/Dinghy Details

Manufacturer:	Year Built:	Hull Serial Number:	Length Overall (feet):
Engine Manufacturer:	Engine Horsepower:	Engine Serial Number:	Present Value (USD):

Trailer Details

Manufacturer:	Year Built:	Serial Number:	Present Value (USD):
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Vessel Mooring and Navigation Details

Please provide the vessel mooring location during July 1st to November 1st

Marina Name:		Mooring Address Street:	
Mooring Address City:	Mooring Address Zip/Postal Code:	Mooring Address Country:	Mooring Type (Afloat/Ashore or Hoist):

All waters to be navigated during this policy *(you may attach an itinerary):*

Layup Details

Marina Name:		Layup Start Date (MM/DD/YY):	Layup End Date (MM/DD/YY):
Layup Street:		Layup City:	Layup Zip/Postal Code:
Layup Country:	Layup Type (ashore or afloat):		

GPS Tracking Device Details

Is a permanently affixed anti-theft tracking device installed on this vessel?	Yes:	No:
If yes, please provide full manufacturer and model details:		

Fire Extinguishing Equipment

The following requirement is specified within every policy of insurance that we issue:

If the Scheduled Vessel is fitted with fire extinguishing equipment, then it is warranted that: all fire extinguishing equipment is properly installed and is maintained in good working order, all fire extinguishing equipment is tagged and certified annually or in accordance with the manufacturer’s recommendations, whichever is more frequent, the tanks of such equipment are weighed annually or in accordance with the manufacturer’s recommendations, whichever is more frequent and that the tanks are recharged as necessary.

For purposes of complying with this warranty, all installation, maintenance, certification, tagging, weighing, and recharging must be conducted by a duly licensed and qualified individual whose principal business is the installation, maintenance, certification, tagging, weighing, and recharging of such systems. Such individual may not be the insured, a Covered Person or any named operator, unless expressly approved by us in writing.

Do you confirm that you will comply with the Fire Extinguishing Equipment Warranty stated above?	Yes:	No:
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General Information

1. Is this vessel chartered to others with a captain?	Yes:	No:
1a. Please describe in full the nature of the charters undertaken, including all activities made available to passengers:		

2. Is this vessel used to carry fare paying passengers under charter?	Yes:	No:
2a. Maximum Passengers:	2b. Maximum Trips per Year:	

3. Does this applicant employ paid crew?	Yes:	No:
3a. Total number of persons employed and working in any capacity, including but not limited to captains, crew, stewards, chefs, and engineers:		
3b. Maximum number of persons to be working in the service of the vessel at any given time:		
3c. Detail any pre-existing injury or medical condition that you are aware of, relating to any crew member working in the service of the vessel:		

4. Is this vessel chartered to others without a captain, on a bareboat charter basis?	Yes:	No:
4a. Maximum Trips per Year:		
4b. Is this vessel chartered to other charter companies?	Yes:	No:
4c. If yes, please provide full details:		

5. Is the vessel used to undertake diveboat charter activities?	Yes:	No:
5a. Are any crew required to perform in-water duties to assist in any dive instruction?	Yes:	No:

6. Is this vessel used for any other commercial or business purposes?	Yes:	No:
6a. If yes, please provide details:		

7. Will this vessel be operated single-handedly at night?	Yes:	No:
7a. If yes, please advise under what circumstances this may occur and how often:		

8. Does anyone reside aboard the vessel during the policy period?	Yes:	No:
8a. If yes, please state for how many months:		

9. Will this vessel participate in any races, regattas, rallies or speed trials during the policy period?	Yes:	No:
9a. If yes, please detail all planned events, giving websites, description and identify any events affiliated with any national or international yachting organisation:		

10. Was any insurance declined, cancelled or non-renewed in the last five years?	Yes:	No:
10a. If yes, please provide full details:		

11. Have you or any Named Operator been involved in a loss in the last ten years (insured or not)?	Yes:	No:
11a. If yes, please provide full details:		

12. Have you or any Named Operator ever been convicted of a criminal offence or pleaded no contest to a criminal action (including but not limited to DUI/DWI)?	Yes:	No:
12a. If yes, please provide full details:		

Named Operators

All Operators Must be Detailed, if there are more than two operators an additional operator supplemental form must be completed.

THIS IS A NAMED OPERATOR ONLY POLICY

Operator One

Full Name:	Date of Birth (MM/DD/YY):	Years of Boat Ownership:	Years of Operating Experience:
Violations/Suspensions (including auto) in the last five years:			
Boating Qualifications (for example USCG 100 ton): IYT Bareboat Skipper and ICC Certification, VHF Certification, Navigation Master Certification, ASA 101			
Lengths and manufacturers of vessels previously owned or operated:			
Have you been involved in a loss in the last ten years (insured or not)?	Yes:	No:	
If yes, please provide full details:			
Have you ever been convicted of a criminal offence or pleaded no contest to a criminal action (including but not limited to DUI/DWI)?	Yes:	No:	
If yes, please provide full details:			

Operator Two

Full Name:	Date of Birth (MM/DD/YY):	Years of Boat Ownership:	Years of Operating Experience:
Violations/Suspensions (including auto) in the last five years:			
Boating Qualifications (for example USCG 100 ton):			
Lengths and manufacturers of vessels previously owned or operated:			
Have you been involved in a loss in the last ten years (insured or not)?	Yes:	No:	
If yes, provide full details:			

Have you ever been convicted of a criminal offence or pleaded no contest to a criminal action (including but not limited to DUI/DWI)?	Yes:	No:
If yes, provide full details:		

Loss Payee

Loss Payee Name:		Address Street:	
Address City:	Address Zip/Postal Code:	Address Country:	

Additional Assureds

Additional Assured One

Additional Assured Name:		Reason for Inclusion:	
Address Street:		Address City:	Address Zip/Postal Code:
Address Country:			

Additional Assured Two

Additional Assured Name:		Reason for Inclusion:	
Address Street:		Address City:	Address Zip/Postal Code:
Address Country:			

Additional Information

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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 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.
3. Fraud Warning – please see the fraud warnings listed below and initial the paragraph relevant to you to indicate that you have read and understood this.
4. You agree that we may share your personal data with third parties in order to fulfil our obligations in the provision of insurance services. Examples of such organisations are insurance and reinsurance carriers, your insurance broker, claims adjusters and claims and underwriting service providers.
5. You agree to coverage being placed in the surplus lines market. Coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected under any State Guaranty Fund or State Guarantee Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Print name and state your connection to this policy, if you are not the named assured or beneficial owner:	Signature Date:
Assured Signature:	
BROKER USE ONLY: Please provide the surplus lines tax filing information or advise if not applicable (Please supply the license number)	

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

State Fraud Warnings

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with 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.

NOTICE TO OREGON APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Policyholder Disclosure Notice of Terrorism Insurance Coverage

APPLICABLE TO COMMERCIAL POLICIES ONLY

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

I choose to purchase terrorism coverage for certified acts of terrorism for the additional premium that is stated on my quotation:	
I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism:	

Assured’s Full Name:	Signature Date (MM/DD/YY):	Quote or Policy Number:
Assured’s Signature		