

**PERSONAL BOAT INSURANCE APPLICATION**

---

**PERSONAL INFORMATION**

---

**First and last name  
(please list all drivers):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Drivers License Number  
and State (for all drivers):** \_\_\_\_\_

**Date of Birth  
(for all drivers):** \_\_\_\_\_

**BOAT INFORMATION**

---

1. Year, make and model of boat: \_\_\_\_\_
2. VIN number: \_\_\_\_\_
3. Length and top speed of boat: \_\_\_\_\_
4. Boat description (Houseboat, Catamaran, Sailboat, Yacht, Jet, etc.): \_\_\_\_\_
5. Standard navigational limits: \_\_\_\_\_
6. What is the address of the boat's docking location? \_\_\_\_\_
7. If the boat is dry docked during the year, please include the address. \_\_\_\_\_
8. What time of year do you primarily use your watercraft? \_\_\_\_\_
9. Who is the primary operator? \_\_\_\_\_
10. What was the purchase date? \_\_\_\_\_
11. Purchase price of boat: \_\_\_\_\_
12. What are the current limits of your boat insurance, if applicable? \_\_\_\_\_

**ENGINE INFORMATION**

---

1. Number of engines: \_\_\_\_\_
2. Gasoline/Diesel/Other (please describe other): \_\_\_\_\_



---

## PERSONAL BOAT INSURANCE APPLICATION

---

### BOAT INFORMATION

---

*(continued)*

3. HP of engine(s): \_\_\_\_\_
4. Make & Model (list all engines): \_\_\_\_\_
5. VIN number (list all engines): \_\_\_\_\_

### OPTIONAL EQUIPMENT INFORMATION

---

1. Any optional equipment (boat canvas, electronics, entertainment, etc.)? \_\_\_\_\_
2. Is there a dinghy? If so, what is the value? \_\_\_\_\_

### TRAILER

---

1. Year, make and model: \_\_\_\_\_
2. VIN number: \_\_\_\_\_
3. Number of axles: \_\_\_\_\_
4. Purchase price: \_\_\_\_\_
5. Current limit of insurance, if applicable)? \_\_\_\_\_

### QUALIFICATIONS

---

*(Answering "no" to the following questions disqualifies risk.)*

1. Does the primary operator have at least two years boating experience?  Yes  No
2. Is the owner or primary operator over 21 years of age?  Yes  No



## PERSONAL BOAT INSURANCE APPLICATION

---

### CREDITS

---

*(Please answer "yes" or "no" to the following questions.)*

- |                                      |                          |     |                          |    |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| 1. Operator safety course completed? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Auto pilot?                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. CB radio?                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Depth finder?                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. GPS?                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Halon system?                     |                          |     |                          |    |
| 7. Loran radio?                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Radar?                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. RDF radio?                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. Satellite navigation?            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. VHF radio?                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |