



WHOLESURESM

SOLUTIONS FOR EVERY RISK

Commercial Vessel

Application

Date: _____ Agency: _____

Named Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Beneficial Owner's Name(s): _____

Beneficial Owner's Relation to the Corporation or Beneficial Owner: _____

Date of Birth(s): _____ Primary Owner's Telephone: _____

Occupation(s): _____

Primary Owner's Email: _____

Vessel To Be Insured

Year: _____ Length: _____ Manufacturer: _____ Model: _____

Type: _____ Hull #: _____ USCG Document #: _____ Lithium battery: Yes No

Vessel Name: _____ Hull Material: _____

Mast Material: _____ Engine Mfr: _____ Engine Model: _____

Number of Engines: _____ Fuel Type: _____ Horsepower: _____ Propulsion System: _____

Max Speed: _____ Vessel Class: _____ Is Vessel Kept in Class: Yes No

Vessel Flag: _____ Port of Registry: _____ Gross Tonnage: _____

Satellite-based, Theft Deterrent GPS w/Tracking:

Capability*: Yes No

Activated: Yes No

Make: _____ Model: _____

Has a survey been performed or scheduled? Yes No

Survey Date: _____

Name of Current/Previous Insurance Carrier: _____

Has your insurance ever been non-renewed or canceled: Yes No

If yes, please provide details:

Trailer

Year: _____ Manufacturer: _____ Serial number: _____ Value: _____

Coverage and Amounts

Insured value: \$ _____ Insured value: \$ _____ Towing limit: \$ _____ Personal property limit: \$ _____

War & confiscation: \$ _____ Mortgagee amount: \$ _____ Protection & indemnity limit: \$ _____

Medical expenses limit: \$ _____ Uninsured boaters limit: \$ _____

Charter Usage

Must have a paid captain.

Number of charter per policy period: _____ Types of Charter: _____ Duration of Trip: _____

Number of Passengers: _____ Max. Number of Passengers Permitted by Certificate of Insurance: _____ Overnight Trips: _____

Is food prepared on board? Yes No

Is alcohol served? Yes No

Is this vessel part of a Lease, Timeshare, Fraction Share, Vacation Club or similar type arrangement? Yes No

Navigation

Mooring Locations

Summer name

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Winter name:

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Lay-up: decommissioned and unavailable for use: Yes No

Date From: _____ To: _____

Does insured live within 3 hours (driving) of the vessel's mooring location? Yes No

Captain/Crew Information

Resumes & Licenses must be provided.

Captain's name: _____ Years of experience: _____

Captain's Loss History: _____

Alternate/relief captain's name: _____ Years of Experience: _____

Number of crew (not including captain): _____

Is drug testing required? Yes No

Is formal training provided? Yes No

Is there a separate crew policy in place? Yes No

Insured's Ownership Experience

Resumes must be provided.

Total years ownership: _____ Length: _____ Manufacturer: _____

Licenses or certificates: _____

Loss Information

Does the insured have any previous loss history? Yes No

If yes, please provide dates, description & amounts:

Does this vessel have any previous loss history? Yes No

If yes and different from above, please provide dates, description & amounts:

Loss Payee / Bank / Lien Holder

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Breach of warranty required?

Yes No

If so, amount of loan: _____

Additional Insured

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Comments & Signature

Comments:

While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or the Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or the Company to be used for their purposes only. Omitting, misrepresenting or state information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Company will consider claims history for purposes of determining whether to cancel or refuse to renew your policy.

Signature: _____ Date: _____