

MARINE PLEASURE CRAFT APPLICATION

BROKER INFORMATION

 Name: _____ Location: _____
 Email: _____ Phone: _____

APPLICANT INFORMATION

Name of Owner(s): _____

Mailing Address: _____

Email: _____ Phone: _____

Have you had a marine policy cancelled or declined by an insurer? Yes No

Do you have any criminal convictions? Yes No

Do you or any operator have any motor vehicle violations, convictions or at-fault accidents in the last 3 years? Yes No

OPERATOR(S) INFORMATION

Name	Date of Birth (MM/DD/YYYY)	Years of Ownership (all boats)	Years of Ownership (this boat or similar)	Boating Education & Courses (PCOC, CPS/CYA)

OPERATOR(S) INFORMATION

Has any owner(s) or operator(s) had any boating accidents or marine related insured or uninsured claims/losses in the past 5 years?

Yes No If yes, please provide details:

Date of Loss	Description/Cause	Open/Closed	Total Amount

PREVIOUS INSURANCE HISTORY

Insurer: _____ Policy Number: _____ Expiry Date: _____

VESSEL INFORMATION

 Vessel Type: Runabout Cruiser Trawler Ski Boat River Boat Jet Boat PWC
 Sailboat Catamaran Trimaran House Boat Pontoon High Performance
 Rigid Inflatable Hovercraft Other: _____

Motor Type: Inboard Outboard Inboard/Outboard Jet

No Motor Maximum Speed (MPH): _____

