American Marine Insurance Services

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MARINE INSURANCE APPLICATION

PERSONAL INFORMATION

Owner's Name_____E-Mail Address_____

Co-Owner's Name_____

Corporate Name_____

Address_____City_____State_____Zip_____-_____

Home Phone__(_____)_____ Cell__(_____)_____ Business Phone__(_____)_____

Previously Owned Vessels: Length & Make_____

Present Insurance Carrier_____ Effective Date Desired _____/_____/_____

YACHT INFORMATION

Year_____Make/Mfg._____Model_____Beam_____ I/O ☐ O/B ☐ I/B ☐

Vessel Name _____ Type_____ State Reg. Or Doc. #_____

Length Overall _____Hull Material _____Hull I.D. _____

Engines: Mfg._____ Year_____ Gas ☐ Diesel ☐ Turbo ☐ Blower ☐ S/C ☐ Number of Engines_____

Total Horsepower_____ Maximum Speed_____ Engine Serial Number(s) P_____C_____S_____

Purchase Price $_____ Purchase Date _____/_____/_____

Is there a survey available? Yes ☐ No ☐ Date of Survey _____/_____/_____ Surveyed: Dry Dock ☐ Afloat ☐

*If insured amount is greater than purchase price, a list of upgrades, with receipts, must be provided. **PLEASE ENCLOSE COPY OF SURVEY**

WHERE WILL YOU BE USING THE BOAT?_____

_____

BOAT LAY-UP/STORAGE PERIOD From ____/____ To ____/____ ☐ Ashore ☐ Afloat -- Please Initial _____
mm / dd mm / dd

ON-BOARD EQUIPMENT - Please indicate what equipment is on board**:**

☐ Built-In Co2/Halon ☐ Loran ☐ Sat. Nav. ☐ GPS ☐ Radar ☐ VHF Radio ☐ Depth Finder ☐ E.P.I.R.B. ☐ CB Radio

☐ Auto-Pilot ☐ Offshore Raft ☐ Weather Fax ☐ CO Detector # of Fire Extinguishers: ____ Anti-Theft Devices on Board: ____

TRAILER / DINGHY INFORMATION

Trailer: Mfg._____Year_____

Value $_____Serial #_____

Dinghy: Mfg._____Year_____ Length_____

Value $_____State Registration #_____ Serial #_____

Dinghy Motor: Mfg._____ Year_____ Horsepower_____

Value $_____ Serial #_____

Please Complete Other Side

OWNER / ALL OPERATOR(S) INFORMATION

Years Experience_____ Driver's License # _____ State _____ Age _____ DOB _____/_____/_____

Occupation_____ Social Security # _____

Any insurance losses or claims in the past? Yes ☐ No ☐ If yes, please describe in detail with dates & amounts on separate sheet.

Have you ever been convicted of a felony? Yes ☐ No ☐

Any automobile driving tickets in the past three years? Yes ☐ No ☐ If yes, list all tickets on separate sheet.

Have you ever been refused insurance or cancelled? Yes ☐ No ☐ If yes, please explain _____

Is this vessel currently listed for sale? Yes ☐ No ☐

Have you completed a basic boating safety course? Yes ☐ No ☐ USCG ☐ PWR SQD ☐ Other _____

Do you have a current Coast Guard Capt.'s License? Yes ☐ No ☐ Type _____

Commercial, Six-Pack or Charter Use? Yes ☐ No ☐ If yes, please explain _____

Any Paid Crew? Yes ☐ No ☐ Total Number _____ If yes, please explain _____

Will there be an operator other than the owner? Yes ☐ No ☐ If yes, please complete below

Name	Age	Boating Courses Completed	DL Number	Years of Boating Experience

Will the vessel be used for any racing? Yes ☐ No ☐ If yes, please explain _____

Is the vessel a full time residence/liveaboard? Yes ☐ No ☐ Maximum land transit towing distance from homeport: _____ miles

LOSS PAYEE INFORMATION

Finance Company Name_____Address _____

City _____ State _____ Zip _____-_____

Vessel's Summer Location / Home Port / Marina _____ Slip # _____

Address_____ City _____ State _____ Zip _____-_____

Type of security: ☐ Locked Building/Garage ☐ Marina Slip with Security ☐ Davits/Hydro Hoist ☐ Locked & Fenced Yard ☐ Dry Rack Storage ☐ Trailer Axle Locks

Vessel's Winter Location / Home Port / Marina _____ Slip #_____

Address _____ City _____ State _____ Zip _____-_____

Type of security: ☐ Locked Building/Garage ☐ Marina Slip with Security ☐ Davits/Hydro Hoist ☐ Locked & Fenced Yard ☐ Dry Rack Storage ☐ Trailer Axle Locks

Outdrives secured with: ☐ Anti-Theft Locks ☐ Anti-Theft Straps ☐ Anti-Theft Bolts

DON'T FORGET TO SIGN YOUR APPLICATION

All information requested by this application must be provided. If not applicable then please put N/A. Failure to accurately complete this application may affect your coverage. FRAUD WARNING (Required by law in certain states): 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. DISCLOSURE OF MATERIAL FACTS: Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the terms should be, or what premiums to charge. Failure to do so may render the insurance voidable from inception and enable the company to repudiate liability. By signing this form you agree to have your motor vehicle record and/or credit report ran for the purpose of securing financial responsibility coverage (insurance coverage).
Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date _____/_____/_____ **Signature of Applicant** _____

Signing this document will acknowledge that the forgoing information is true and correct.