



AMERICAN
MARINE INSURANCE

American Marine Insurance
2700 Newport Blvd., Ste. 190,
Newport Beach, CA 92663
Phone 800-228-6779

Send to : info@americanmarineinsurance.com

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.