

SEAFARER MARINE 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 #:		
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:
Vessel Flag:		Port of Registry:		Gross Tonnage:
Satellite-based, Theft Deterrent GPS w/Tracking Capability* (Yes/No): Yes No		Make:		Model:
Activated: (Yes/No) Yes No				
Has a survey been performed or scheduled:				Survey Date:
Name of Current/Previous Insurance Carrier:				
Has your insurance ever been non-renewed or cancelled (Yes/No): Yes No			If yes, please provide details:	

TRAILER

Year:	Manufacturer:	Serial #:	Value:
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COVERAGE AND AMOUNTS

Insured Value: \$	Hull Deductible: \$	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:	Is Alcohol Served:
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): No Yes No	Date From:	To:
Does insured live within 3 hours (driving) of the vessel's mooring location Y/N:		

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?	
Is formal training provided?	
Is there a separate crew policy in place?	

INSURED'S OWNERSHIP EXPERIENCE (resumes must be provided)	
Total years ownership:	Length & Manufacturer:
Total Years of Operation:	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 / LEINHOLDER

Name:	Address:	
City:	State:	Zip:
Breach of Warranty required:	If so, amount of loan:	

ADDITIONAL INSURED

Name:
City:
State/Zip

ADDITIONAL COMMENTS & SIGNATURE



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:** _____