

APPLICANT(S): _____

VESSEL INFORMATION : _____

ITINERARY

Month(s)	Details of Voyage (from, to) & Cruising Region Advise if will be an offshore leg or harbor hopping	Name of Crew Aboard

Will the vessel be left unattended for an extended period of time? No Yes

If yes, please provide details (how long, marina location, security, hurricane procedures):

CREW: **

Name	Years of Experience/Offshore Experience/Experience in the Requested Area of Coverage /Qualifications/Certifications/Other Comments **PLEASE ATTACH RESUMES**

ADDITIONAL COMMENTS: _____

PLEASE READ BEFORE SIGNING APPLICATION:

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. You agree that the statements made on this application are accurate and understand that any false or inaccurate information may render insurance coverage null and void from inception, or cancelled as permitted by state law. In certain states, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and/or denial of insurance benefits. You also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. Please check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. By signing below you also confirm that you have read and understood the Fraud Warning applicable to your state of residence:

Signature of Applicant(s): _____

Date: _____

Brokerage/Agency: _____

Broker/Agent Return Fax #: _____