

**APPLICATION FOR INSURANCE
P&I (Liability) ONLY – Boats & Yachts**

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QUOTE BIND REQUESTED EFFECTIVE DATE: _____

INSURED(S):		REGISTERED OWNER:	
ADDRESS:	CITY:	STATE:	ZIP:
RES PHONE:	BUS PH:	EMAIL:	
DATE(S) OF BIRTH:	OCCUPATION:	EMPLOYER:	
YEARS AS OWNER OF A BOAT:	YEARS AS OPERATOR/CREW:		
PREVIOUS INSURER (THIS OR PRIOR BOATS):		EXPIRY DATE:	
SIZE AND TYPE OF PREVIOUS BOATS (Describe):			
BOATING EDUCATION & COURSES:			
BOATING LOSSES IN PAST 5 YEARS (CLAIMED OR OTHERWISE – GIVE DATE AND DESCRIPTION):			

HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED? YES NO REASONS:

VESSEL:	YEAR:	MANUFACTURER:	MODEL:	LENGTH:
HULL ID #:				HP:
DATE PURCHASED:	TOTAL PURCHASE PRICE: \$	CURRENT MARKET VALUE: \$		
LIST ALL OPERATORS OF THE VESSEL* (*Name, DOB, Yrs of Experience, % use, DL Number or indicate if no current DL) AND				
LIST ALL AUTO MOVING TRAFFIC VIOLATIONS & AT FAULT ACCIDENTS PER OPERATOR* (*past 3 yrs, date of conviction/accident, describe)				

WHERE IS BOAT MOORED?	WHERE IS BOAT LAID UP?	<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT
PRIVATE PLEASURE USE ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, describe):		LIVE ABOARD: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAVIGATIONAL LIMITS REQUESTED:		

COVERAGE REQUESTED:
 \$300,000 \$500,000 Optional Spill Liability & Wreck Removal Extension
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. **Any misrepresentations or concealment in this application for insurance (including but not limited to misrepresentation of moving violations or accident record), will render insurance coverage null and void from inception.** Please therefore 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 about the applicant 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.

SIGNATURE OF APPLICANT(S):	AGENT NAME / BRANCH:
SIGNATURE OF AGENT:	AGENT PHONE: FAX:
DATE:	AGENT EMAIL:

** Email application and attachments to - newbiz@premiermarineusa.com **

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER
THE COMPANY IN ITS SOLE JUDGEMENT MAY ELECT TO ACCEPT OR REJECT ANY APPLICATION**