

**APPLICATION FOR INSURANCE
OCEAN MARINE – YACHTS - PNW**

QUOTE BIND REQUESTED EFFECTIVE DATE: _____
AAA MEMBERSHIP NO.: _____

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: _____ MEMBER OF CRUISING CLUB: _____

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 #: _____

DATE PURCHASED: _____ TOTAL PURCHASE PRICE: \$ _____ CURRENT MARKET VALUE: \$ _____

MAIN MOTOR(S): MAKE: _____ YEAR: _____ SERIAL #: _____ HP: _____ VALUE: Include Above

AUXILIARY MOTOR: MAKE: _____ YEAR: _____ SERIAL #: _____ HP: _____ VALUE: \$ _____

TENDER: MAKE: _____ YEAR: _____ SERIAL #: _____ LENGTH: _____ VALUE: \$ _____

TENDER MOTOR: MAKE: _____ YEAR: _____ SERIAL #: _____ HP: _____ VALUE: \$ _____

TRAILER: MAKE: _____ YEAR: _____ SERIAL #: _____ VALUE: \$ _____

TOTAL VALUE: \$ _____

ADDITIONAL PERSONAL EFFECTS: (Valued list required) LIMIT REQUESTED \$ _____

LOSS PAYABLE (name & address): _____

\$300,000 P&I \$500,000 P&I \$1,000,000 P&I

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? _____ ASHORE AFLOAT

DOES VESSEL HAVE BUILT IN CO2? YES NO

PRIVATE PLEASURE USE ONLY? YES NO (if no, describe): _____ LIVE ABOARD: YES NO

DATE OF LAST SURVEY: _____

NAVIGATIONAL LIMITS REQUESTED: _____

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**