



Boat Application

One Hollow Lane, Lake Success, NY 11042

Phone & Fax:

1-800-225-6560

Name _____

Ind/Family Partnership Corporation

Street _____ Apt/Unit# _____

Home Port _____ Marina: _____

City _____ State _____ Zip _____

(if different State) Zip Code: _____

Phone: Home (____) _____ - _____

Work (____) _____ - _____

Previous/Current Policy: _____
Expiration Date _____

Ins Co: _____ None

Year: _____	Make & Model: _____	Length: _____	HP: _____
Hull ID: _____	Value: _____	Trailer \$ _____	Purchased: _____ Year
Previous Boats owned: _____		<input type="checkbox"/> New or <input type="checkbox"/> Used	
Addtl Info for Boats >26': Name: _____		Surveyed: _____	Year Crew #: _____ (if any)
Chartered: <input type="checkbox"/>	Times per year _____	Dinghy Value: \$ _____	Yr/Make: _____

Who will be operating this craft?	MVR Info (4 year history)				Boating Experience			
	Name	Age	Occupation	# Tkts	# Acc	DUI (last 6 yrs) Date	Yrs	Courses
1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____

Navigated year round? Yes OR Laid up from _____ to _____ On Shore

PREMIUM DISCOUNT FOR A LAY-UP PERIOD Used In: Fresh Water Salt Water Both Afloat

Waters Navigated (Boats > 26'): _____ On Lift

Prior Losses: None Theft Submerged Object Injury Engine Collision Other _____

1. Year of Loss _____ \$ Paid _____ 2. Year of Loss _____ \$ Paid _____

Liability Limit

25,000 50,000

100,000 300,000

500,000 1,000,000

None

Other: _____

>26' Deductible <26'

500 2%

1,000 3%

2,500 5%

Liability Only

All Programs Include

- Uninsured Boaters Liability
- "All Risk" hull coverage
- Medical Payments
- No Installments
- A Minimum Earned Premium

Overnight Storage: Parking lot Garage Driveway Yard Street Lift _____
(Summer)

Gulf & East coastal hurricane evacuation plan (if any): _____

Is the craft financed? Yes No

Code #: _____ Name: _____ Contact: _____

Phone: _____ Fax: _____