

PLEASURE CRAFT APPLICATION

BROKERAGE OFFICE: DOWLING INSURANCE BROKERS INC.

BROKER

(Print Name)

NAME & ADDRESS OF INSURED: _____ DATE OF BIRTH: _____

_____ OCCUPATION: _____

EMPLOYER: _____

EFFECTIVE DATE: _____ DATE PURCHASED: _____ PURCHASED NEW _____ USED _____

PURCHASE PRICE \$ _____ ESTIMATED PRICE NEW TODAY \$ _____

ESTIMATED CURRENT MARKET VALUE \$ _____

LOSS PAYABLE TO (SHOW EITHER INSURED, OR NAME & ADDRESS TO WHOM LOSS IS PAYABLE)

BOAT

MOTOR

AUXILIARY MOTOR

YEAR _____ YEAR _____ YEAR _____

MAKE _____ MAKE _____ MAKE _____

MODEL _____ No. OF ENGINES _____ H.P. _____ FUEL _____

HULL MATERIAL _____ SERIAL# _____ SERIAL# _____

LENGTH _____ # _____ VALUE \$ _____

BEAM (Width) _____ TOTAL H.P. _____

SERIAL # _____ MAX SPEED _____

(D.O.T.) REGISTRATION# _____ FUEL _____ YEAR _____

VALUE \$ _____ TYPE OF DRIVE (INBOARD, OUTBOARD, MAKE _____

(Includes Inboard/Outboard & Inboard Motors) INBOARD/OUTBOARD, JET) _____ LENGTH _____

HULL MATERIAL _____

(Do not include value of electronic SERIAL # _____

equipment that is listed below) (If Outboard) VALUE \$ _____

TOTAL AMOUNT OF INSURANCE (BOAT & MOTOR(S)) ----- \$ _____ (A)

ADDITIONAL ELECTRONIC EQUIPMENT, INDICATE IF VESSEL IS EQUIPPED WITH:

RADAR YES ___ NO ___ VALUE \$ _____ VHF RADIO YES ___ NO ___ VALUE \$ _____

DEPTH FINDER YES ___ NO ___ VALUE \$ _____ BUILT IN CELL PHONE YES ___ NO ___ VALUE \$ _____

SONAR YES ___ NO ___ VALUE \$ _____ CHART PLOTTER YES ___ NO ___ VALUE \$ _____

LORAN YES ___ NO ___ VALUE \$ _____ LAP TOP COMPUTER YES ___ NO ___ VALUE \$ _____

GPS YES ___ NO ___ VALUE \$ _____ OTHER? _____

AUTOPILOT YES ___ NO ___ VALUE \$ _____ YES ___ NO ___ VALUE \$ _____

BUILT IN RADIO/CD/CASSETTE PLAYER YES ___ NO ___ VALUE \$ _____

TOTAL VALUE OF ELECTRONIC EQUIPMENT ----- \$ _____ (B)

TOTAL AMOUNT OF INSURANCE BOAT, MOTOR(S) & ADDITIONAL ELECTRONIC EQUIPMENT \$ _____ (A & B)

NOTE* IF AMOUNT EXCEEDS PURCHASE PRICE, MUST EXPLAIN AND OBTAIN CENTRAL UNDERWRITING APPROVAL**

TOTAL AMOUNT OF PERSONAL EFFECTS COVERAGE REQUIRED-----\$ _____
PROTECTION & INDEMNITY LIMIT REQUIRED (LIABILITY) -----\$ _____
IS BOAT USED FOR WATERSKIING? YES ___ NO ___ IF SO, LIABILITY LIMIT REQUIRED-----\$ _____

TRAILER/STORAGE CRADLE YEAR _____ MAKE _____ S/N _____ VALUE \$ _____

NOTE * DO NOT LIST A TRAILER IN THIS SECTION IF YOU DO NOT INTEND TO COVER IT UNDER THIS POLICY! (EX, AUTOPAC)**

DOES VESSEL HAVE:

COMPASS	YES ___ NO ___	HEAD (Lavatory)	YES ___ NO ___
BURGLAR /THEFT ALARM	YES ___ NO ___	GAS FUME DETECTOR	YES ___ NO ___
SLEEPING QUARTERS	YES ___ NO ___	AUTO BILGE PUMP(S) # _____	YES ___ NO ___
GALLEY (Kitchen)	YES ___ NO ___	MANUAL BILGE PUMP(S) # _____	YES ___ NO ___
STOVE	YES ___ NO ___	IF YES, TYPE OF FUEL _____	
REFRIGERATOR	YES ___ NO ___	IF YES, TYPE OF FUEL _____	
HEATING SYSTEM	YES ___ NO ___	IF YES, TYPE OF FUEL _____	
GENERATOR (110-220VOLT)	YES ___ NO ___	IF YES, TYPE OF FUEL _____	
ANY BUILT IN PROPANE APPLIANCES	YES ___ NO ___	IF YES, WITH A PILOT LITE? YES ___ NO ___	

PROPANE VAPOR DETECTOR? YES ___ NO ___ WHERE IS PROPANE TANK LOCATED _____
IS THE PROPANE AN APPROVED INSTALLATION? YES ___ NO ___ BY WHOM? _____

NUMBER OF PORTABLE FIRE EXTINGUISHERS _____ TYPE _____

IS ENGINE ROOM EQUIPPED WITH AUTOMATIC FIRE EXTINGUISHER SYSTEM? YES _____ NO _____

ADDITIONAL INFORMATION

IS BOAT TRANSPORTED OVERLAND? YES ___ NO ___ IF SO, HOW FAR? _____ HOW OFTEN? _____

PREVIOUS INSURER _____ POLICY NUMBER _____

PREVIOUS INSURANCE TERM _____ HAS BOAT INSURANCE EVER BEEN CANCELLED OR REFUSED? YES ___ NO ___

NUMBER OF YEAR(S) AS OWNER OF A BOAT _____ NUMBER OF YEAR(S) AS BOAT OPERATOR/CREW _____

SIZE AND TYPE OF BOATS PREVIOUS OPERATED _____

BOATING EDUCATION AND COURSES COMPLETED _____

IF BOAT IS A SAIL BOAT, IS IT USED FOR RACING? YES ___ NO ___

BOATING LOSSES IN PAST FIVE YEARS (CLAIMED OR OTHERWISE, GIVE DESCRIPTION, DATE AND AMOUNT PAID):

PLACE OF USUAL NAVIGATION - LIST RIVERS AND LAKES _____

NUMBER OF YEARS EXPERIENCE ON WATERS TO BE NAVIGATED _____

NAVIGATION PERIOD (SHOW DATES) - FROM _____ TO _____

WHERE IS BOAT USUALLY MOORED? _____ WHERE IS BOAT USUALLY LAID UP? _____

LIST ALL OPERATORS, INCLUDING INSURED - USE SEPARATE SHEET IF REQUIRED

NAME _____ D.O.B. _____ YRS OF EXP _____ % OF USE _____ DRIVERS LICENSE # _____

NAME _____ D.O.B. _____ YRS OF EXP _____ % OF USE _____ DRIVERS LICENSE # _____

IF VESSEL IS POWERED BY AN OUTBOARD MOTOR, THIS SECTION **MUST BE COMPLETED**. IF IN DOUBT AS TO HOW TO COMPLETE THIS SECTION, **SEE SAMPLE IN MANUAL**

Use Formula "A" if the boat has remote steering and a minimum transom height of 20 inches.

Use Formula "B" if the boat has tiller steering and a transom height under 20 inches.

FORMULA 'A' _____ X _____ = _____ X 2 = _____ LESS 90 = _____
Boat Length Width Maximum H.P.

FORMULA 'B' _____ X _____ = _____ X 0.8 = _____ LESS 25 = _____
Boat Length Width Maximum H.P.

IF THE SPEED OF THE BOAT EXCEEDS 50 MPH AND/OR THE ENGINE HORSEPOWER EXCEEDS THE HORSEPOWER RATING PRODUCED BY EITHER FORMULA ABOVE, SUBMIT TO CENTRAL UNDERWRITING COMMITTEE BEFORE BINDING.

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. I UNDERSTAND THAT THE ABOVE INFORMATION, WHICH IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS OF INSURANCE, IF GRANTED, BUT DOES NOT OBLIGATE ME TO ACCEPT THE INSURANCE NOR THE COMPANY TO ACCEPT THE RISK.

DATE _____ SIGNATURE OF APPLICANT(S) _____

BROKER SIGNATURE _____