



AssuredPartners

SCUBA

APPLICATION CHECK LIST

THANK YOU FOR CONSIDERING ASSUREDPARTNERS FOR YOUR DIVE BOAT INSURANCE. IN ORDER TO GIVE YOU THE MOST ACCURATE QUOTE POSSIBLE, **PLEASE COMPLETE ALL DOCUMENTS INCLUDING YOUR SIGNATURE AND DATE.** USE THIS CHECKLIST AS YOU COMPLETE THE DOCUMENTS. CONTACT US AT 866-577-3483 WITH ANY QUESTIONS REGARDING THE APPLICATIONS.

- AP SCUBA BOAT APPLICATION (COMPLETE PG 2 FOR EACH VESSEL)
- OPERATOR'S RESUME (EACH CAPTAIN MUST COMPLETE)
- SEVERE STORM STATEMENT (COMPLETE ONE FOR EACH VESSEL)
- MARINE SURVEY COMPLIANCE (ONLY COMPLETE IF RECOMMENDATIONS HAVE BEEN MADE)
- FRONT AND BACK COPY OF EACH CAPTAIN'S LICENSE
- PHOTOS (AT LEAST 2 PER VESSEL)
- MARINE SURVEY NO OLDER THAN 4 YEARS OR 5 YEARS ON A NEWLY BUILT VESSEL
- USCG CERTIFICATE OF INSPECTION

ONCE ALL DOCUMENTS HAVE BEEN COMPLETED, PLEASE EMAIL TO

SCUBA@ASSUREDPARTNERS.COM OR FAX TO 615-468-4777.

PLEASE ALLOW 48 HOURS FOR A QUOTE TO BE PROCESSED AND EMAILED.

ALL OF THE DOCUMENTS ARE REQUIRED TO BIND COVERAGE.

PLEASE SIGN AND DATE ALL REQUIRED AREAS. YOU MAY SIGN THE FOLLOWING WAYS:

1. SIGN AND DATE WITH ANY AVAILABLE PDF SIGNATURE TOOLS
2. FILL OUT ONLINE AND PRINT TO SIGN OR PRINT AND FILL OUT MANUALLY. AFTERWARDS, FAX OR SCAN AND EMAIL

PASSENGER VESSEL INSURANCE APPLICATION

PERSONAL INFORMATION													
REGISTERED OWNER OR LEASEE - NAME(S)			DOING BUSINESS AS			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		RESIDENCE <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED					
PHYSICAL ADDRESS					CITY		STATE	ZIP					
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)					CITY		STATE	ZIP					
HOME PHONE		CELL PHONE		FAX NUMBER		EMAIL ADDRESS							
DRIVERS LIC. NO.			DATE OF BIRTH		OCCUPATION		S.S. #						
WATERCRAFT / TRAILER / DINGHY INFORMATION													
TYPE OF VESSEL		<input type="checkbox"/> CRUISER / MOTOR YACHT <input type="checkbox"/> SPORTFISH		<input type="checkbox"/> SAILBOAT <input type="checkbox"/> PONTOON		<input type="checkbox"/> FLATS SKIFF <input type="checkbox"/> AIRBOAT		<input type="checkbox"/> BASS BOAT <input type="checkbox"/> OPEN FISHING		<input type="checkbox"/> DRIFT BOAT <input type="checkbox"/> TRAWLER		<input type="checkbox"/> CENTER CONSOLE <input type="checkbox"/> RUNABOUT	
YEAR	LENGTH	MANUFACTURER			MODEL			HULL MATERIAL	BEAM	WEIGHT			
NAME OF YACHT				REG./DOC. NO.			HULL I.D. NO.						
PURCHASE DATE		PURCHASE PRICE \$			NEW REPLACEMENT COST \$			DATE OF LAST SURVEY					
MACHINERY		<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	YEAR OF ENGINE	MFG AND MODEL				NO. OF ENGINES		H.P. EACH			
MAX SPEED	TYPE OF DRIVE <input type="checkbox"/> OB <input type="checkbox"/> IB <input type="checkbox"/> IO <input type="checkbox"/> JET DRIVE <input type="checkbox"/> SURFACE DRIVE				SERIAL NO.	SERIAL NO.	SERIAL NO.						
EQUIPMENT		<input type="checkbox"/> GPS / SAT NAV / LORAN <input type="checkbox"/> VHF / SHIP TO SHORE <input type="checkbox"/> DEPTH FINDER		<input type="checkbox"/> RADAR <input type="checkbox"/> CHART PLOTTER <input type="checkbox"/> AUXILIARY GENERATOR		<input type="checkbox"/> LIFE RAFT <input type="checkbox"/> AUTO CO2 OR HALON <input type="checkbox"/> FUME DETECTOR		<input type="checkbox"/> HIGH WATER ALARM <input type="checkbox"/> CO DETECTOR <input type="checkbox"/> OB / OUTDRIVE LOCKS		<input type="checkbox"/> TRAILER BALL OR AXLE LOCKS <input type="checkbox"/> ANTI THEFT DEVICE <input type="checkbox"/> EPIRB			
TRAILER	YEAR	MANUFACTURER				SERIAL NO.							
DINGHY	YEAR	LENGTH	MANUFACTURER			SERIAL NO.							
DINGHY ENGINE	YEAR	H.P.	MANUFACTURER			SERIAL NO.							
COVERAGE INFORMATION (Client must complete)													
HULL VALUE REQUESTED (inc. engine(s) & electronics)				\$		MEDICAL PAYMENTS		<input type="checkbox"/> YES <input type="checkbox"/> NO					
HULL DEDUCTIBLE REQUESTED				<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5%		UNINSURED BOATERS		<input type="checkbox"/> YES <input type="checkbox"/> NO					
LIABILITY LIMIT REQUESTED				<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000		TOWING		<input type="checkbox"/> YES <input type="checkbox"/> NO					
				<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> OTHER \$		DINGHY VALUE (inc. engine)		\$					
PERSONAL EFFECTS & FISHING EQUIP.				\$		TRAILER VALUE		\$					
NAVIGATION AND STORAGE INFORMATION													
OPERATING PERIOD (ALL USES OF VESSEL) <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL			DESCRIBE ALL WATERS NAVIGATED AND MAXIMUM MILEAGE OFFSHORE										
MOORING LOCATION		<input type="checkbox"/> MARINA <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> OTHER		NAME OF MARINA (IF APPLICABLE)			TYPE OF MOORING		<input type="checkbox"/> SLIPPED <input type="checkbox"/> TRAILERED <input type="checkbox"/> DRY STORAGE <input type="checkbox"/> MOORING <input type="checkbox"/> LIFT <input type="checkbox"/> OTHER				
COUNTY OF MOORING LOCATION		ADDRESS				CITY		STATE	ZIP				
LAY-UP LOCATION		VESSEL IS STORED (DURING SEASONAL LAY-UP) <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT				WARRANTED LAY-UP PERIOD (MM/DD) Ex. 11/1 to 4/1 FROM TO							
NAME OF LAY-UP LOCATION		ADDRESS				CITY		STATE	ZIP				
ACCIDENT LOSS HISTORY: Have you ever filed a marine claim? <input type="checkbox"/> YES (PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO													
LIST ALL MARINE INSURANCE CLAIMS YOU OR YOUR OPERATOR HAVE FILED REGARDLESS OF VESSEL INVOLVED (INCLUDING BODILY INJURY TO PASSENGERS OR CREW). IF MORE ROOM IS NEEDED PLEASE USE SEPARATE SHEET OF PAPER.													
DATE	DETAILS OF CLAIM					AMOUNT PAID		STATUS					
						\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED					
						\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED					
						\$		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED					

CONTINUED ON SECOND PAGE

GENERAL INFORMATION

HAS ANY NAMED INSURED EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES (PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO	ANY DRIVING VIOLATIONS IN THE LAST THREE YEARS? <input type="checkbox"/> YES (PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO	HAVE YOU EVER BEEN REFUSED INSURANCE OR CANCELLED? <input type="checkbox"/> YES (PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO
ANY EXISTING OR PRIOR DAMAGE TO THE YACHT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON FIRST PAGE UNDER CLAIM INFORMATION	CURRENT INSURANCE CARRIER	EXPIRATION DATE CURRENT PREMIUM \$

LIST PREVIOUS VESSELS OWNED OR OPERATED:

#		YEAR	LENGTH	MANUFACTURER	# YEARS
1.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED				
2.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED				
3.	<input type="checkbox"/> OWNED <input type="checkbox"/> OPERATED				

OPERATOR / CREW INFORMATION

# YEARS BOATING EXPERIENCE	ARE YOU A LICENSED CAPTAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	# YRS LICENSED	HAVE YOU COMPLETED A BOATING SAFETY COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATE: <input type="checkbox"/> USPS <input type="checkbox"/> USCG <input type="checkbox"/> USCG AUX
IS VESSEL OWNER OPERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU EMPLOY A CAPTAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU EMPLOY CREW? HOW MANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAPTAIN & CREW COVERAGE REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ADDITIONAL OPERATORS BELOW

#	NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER & STATE	YRS. OPERATING EXPERIENCE	USCG LICENSE	BOATING CLAIMS
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CHARTER USE SECTION

(THIS SECTION MUST BE COMPLETED IF VESSEL IS CHARTERED)

DESCRIBE TYPICAL CHARTER IN DETAIL - DESCRIBE HOW VESSEL IS USED - BE SPECIFIC ON TYPE OF CHARTER AND AVERAGE LENGTH OF TRIP

# YRS IN CHARTER BUSINESS	MAX # PASSENGERS	AVG. NO. PASS. CARRIED PER CHARTER	SIX PACK <input type="checkbox"/> YES <input type="checkbox"/> NO	COAST GUARD INSPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO
# CHARTER DAYS PER YEAR	DO YOU CHARTER OVERNIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SELL OR SERVE FOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SELL OR SERVE ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO PASSENGERS: SWIM <input type="checkbox"/> SNORKEL <input type="checkbox"/> SCUBA <input type="checkbox"/>

CORPORATE OWNERSHIP AND CORPORATE OFFICERS

NAME	PERCENTAGE OWNERSHIP	TITLE	DO YOU OPERATE VESSEL	USCG LICENSED
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INSURED / CERTIFICATE HOLDER / LOSS PAYEE INFORMATION

(PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

NAME	ADDRESS: STREET, CITY, STATE, ZIP	INTEREST
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> AI <input type="checkbox"/> CERT HOLDER <input type="checkbox"/> LOSS PAYEE

SPECIAL CONDITIONS / COMMENTS / ADDITIONAL COVERAGE CONSIDERATIONS

(PLEASE USE TO EXPLAIN ANY "YES" RESPONSES WHERE AN EXPLANATION IS REQUESTED)

- Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
- As part of underwriting procedures, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.
- By signing this document, and after careful consideration, I accept the proposal and declare that the statements contained within this Passenger Vessel Application are true to the best of my knowledge and belief. The selections indicated within this Passenger Vessel Application accurately reflect the limits, coverages and deductibles I desire. I understand the proposal provides only a summary of the details; the policies will contain the actual coverages. I confirm the values, schedules and other data contained in the proposal are from my records and acknowledge it is my responsibility to see that they are maintained accurately. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the company will provide further information regarding my statutory rights upon request.
- I agree that your liability to me arising from your negligent acts or omissions, whether related to the insurance or surety placed pursuant to these binding instructions or not, shall not exceed \$20 million, in the aggregate. Further, without limiting the foregoing, I agree that in the event you breach your obligations, you shall only be liable for actual damages I incur and that you shall not be liable for any indirect, consequential or punitive damages.

HOW DID YOU HEAR ABOUT US?	EFFECTIVE DATE OF COVERAGE	APPLICANT SIGNATURE	DATED
My (the producer) signature verifies that all of the information on the application has been obtained by me from the applicant and that I have no reason or basis to believe that the information is anything but truthful.		PRODUCER (AGENT) SIGNATURE	DATED

DIVEBOAT SUPPLEMENTAL APPLICATION

PERSONAL INFORMATION

NAME OF INSURED

POLICY NUMBER:

BOAT NAME:

DIVEBOAT CHARTER INFORMATION

DESCRIBE YOUR TYPICAL DIVEBOAT CHARTER

MAXIMUM MILEAGE VESSEL IS NAVIGATED OFFSHORE

U.S. WATERS ONLY? YES NO

MAXIMUM NO. OF DIVERS CARRIED ABOARD THE VESSEL

DO YOU HAVE AN INSURED DIVE PROFESSIONAL ABOARD ON ALL DIVE CHARTERS YES NO

DO YOU HAVE EACH DIVER SIGN AN INDUSTRY APPROVED LIABILITY RELEASE BEFORE BOARDING THE VESSEL ON EACH DIVE CHARTER YES NO

DO YOU OFFER DRIFT DIVING YES NO

DO YOU ALLOW TECHNICAL DIVING YES NO

DO YOU REQUIRE DRIFT LINES, ASSIST LINES AND RECOVERY LINES YES NO

DO YOU HAVE O2 YES NO

AMBU BAG YES NO

COMMUNICABLE DISEASE BARRIER YES NO

DO YOU HAVE A DIVER RECALL SYSTEM YES NO

DO YOU HAVE AN APPROPRIATE EMERGENCY PLAN YES NO

DO YOU HAVE A MEANS OF LIFTING DIVERS FROM THE WATER

YES NO

DO YOU HAVE A POLICY OF ASSISTING DIVERS INTO AND OUT OF THE WATER YES NO

DO YOU KEEP A CONTINUOUS WATCH ABOARD THE VESSEL WHEN DIVERS ARE IN THE WATER YES NO

DO YOU GIVE A CONSISTENT AND APPROPRIATE DIVE SAFETY BRIEFING ON ALL DIVE CHARTERS YES NO

DO YOU ALSO GIVE A CONSISTENT AND APPROPRIATE VESSEL SAFETY BRIEFING ON ALL DIVE CHARTERS YES NO

DO YOU KEEP A MANIFEST AND HAVE PROCEDURES FOR VERIFYING HEAD COUNT YES NO

SWIMMING / SNORKELING INFORMATION

MAX NUMBER OF SWIMMERS ANY ONE TIME

HOW DO YOU SUPERVISE SWIMMERS

DO YOU REQUIRE ALL SWIMMERS TO SIGN A LIABILITY WAIVER

YES NO

(It is a warranty of our policy to have all swimming participants sign a liability release before boarding the vessel)

(PLEASE PROVIDE A COPY FOR OUR REVIEW)

VESSEL INFORMATION

DOES THE VESSEL HAVE AN APPROVED TRANSOM MOUNTED DIVE PLATFORM YES NO

DOES THE VESSEL HAVE A PROFESSIONALLY BUILT DIVE LADDER YES NO

DOES THE VESSEL HAVE APPROPRIATE TANK SECURING DEVICES YES NO

DO YOU USE EXTRA LARGE DIVE FLAGS FOR THE VESSEL YES NO

IF APPLICABLE, DO YOU USE RIGID FLOAT FLAGS FOR DRIFT DIVES YES NO

CREW INFORMATION

MAXIMUM NO. OF PAID CREW

ON DECK?

ARE YOUR CREW DIVE PROFESSIONALS YES NO

MAXIMUM NO. OF CREW IN THE WATER? _____

DO YOU PURCHASE DAN OR DIVE ASSURE MEDICAL ACCIDENT COVERAGE FOR YOUR CREW ___ YES ___ NO

LOSS INFORMATION

IN THE PAST FIVE YEARS HAVE YOU FILED AN INSURANCE CLAIM FOR BODILY INJURY TO ANYONE?

YES NO

IF YES, EXPLAIN: _____

COMMENTS

DATED

SIGNED

PLEASE NOTE: Our policy warrants that all passengers on diveboats are required to sign a liability release. Please provide a copy of your liability release with this completed application.



OPERATORS RESUME' OF EXPERIENCE & MEDICAL HISTORY

DATE

AGENCY AssuredPartners 840 Crescent Centre Dr., Suite 300 Franklin, TN 37067		APPLICANT (First Named Insured)		
PHONE (A/C, No, Ext): 615-599-0334	FAX (A/C, No): 615-468-4777	PHONE (A/C, No, Ext):	FAX (A/C, No):	CELL (A/C, No):
AGENCY E-MAIL ADDRESS: scuba@assuredpartners.com		E-MAIL ADDRESS:		
		WEBSITE ADDRESS:		
ESTIMATED ANNUAL PREMIUM:	CERTIFICATE NO:	COMPANY/PROGRAM:		AGENCY CUSTOMER ID:
CONTACT NAME:	MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
EFFECTIVE DATE:	EXPIRATION DATE:			

OPERATOR INFORMATION

#	OPERATOR NAME:	DRIVER'S LICENSE NUMBER:	LICENSED STATE	DATE OF BIRTH:
ADDRESS:		LICENSED CAPTAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF YEARS LICENSED:	
			LICENSE EXPIRATION DATE:	
NUMBER OF YEARS OPERATING COMMERCIAL VESSELS:		NUMBER OF YEARS GENERAL BOATING EXPERIENCE:		
PLEASE EXPLAIN YOUR YEARS OF EXPERIENCE OPERATING COMMERCIAL VESSELS; THE WATERS NAVIGATED, THE TYPES, SIZES AND NAMES OF THE VESSELS OPERATED AND YOUR EMPLOYERS NAME AND YEARS OF EMPLOYMENT WITH EACH EMPLOYER, INCLUDING YOUR CURRENT EMPLOYER AND YOUR YEARS OF EXPERIENCE WITH THIS CURRENT VESSEL:				

OPERATOR HISTORY

PLEASE LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED WITH; INCLUDING VESSELS DAMAGED OR PASSENGERS, CREW OR OTHER THIRD PARTIES INJURED WHILE YOU WERE ACTING AS CAPTAIN IN THE PAST FIVE YEARS: (IF THERE HAVE BEEN NONE, PLEASE INDICATE NONE.)
PLEASE LIST ALL AUTOMOBILE INFRACTIONS YOU HAVE BEEN INVOLVED WITH; INCLUDING ACCIDENTS, TICKETS AND RESTRICTIONS WITHIN THE PAST FIVE YEARS: (IF THERE HAVE BEEN NONE, PLEASE INDICATE NONE.)

MEDICAL HISTORY

PLEASE LIST ALL EXISTING MEDICAL CONDITIONS YOU MAY HAVE AND TREATMENT BEING UNDERTAKEN: (IF THERE HAVE BEEN NONE, PLEASE INDICATE NONE.)	
HAVE YOU UNDERGONE SURGERY IN THE PAST FIVE YEARS? : <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE ADVISE DATE AND TYPE OF SURGERY:
HAVE YOU BEEN INJURED ON THE JOB IN THE PAST?: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE ADVISE DATE OF INJURY AND DISPOSITION OF CLAIM:

AGREEMENT STATEMENT

I UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED CAN VOID THE POLICY TERMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.		
PRINTED NAME	APPLICANT SIGNATURE	DATE OF SIGNATURE



SEVERE STORM PROTECTION STATEMENT

DATE

AGENCY AssuredPartners 840 Crescent Centre Dr., Suite 300 Franklin, TN 37067		APPLICANT (First Named Insured)		
PHONE (A/C, No, Ext): 615-599-0334	FAX (A/C, No): 615-468-4777	PHONE (A/C, No, Ext):	FAX (A/C, No):	CELL (A/C, No):
AGENCY E-MAIL ADDRESS: scuba@assuredpartners.com		E-MAIL ADDRESS:		
		WEBSITE ADDRESS:		
ESTIMATED ANNUAL PREMIUM:	CERTIFICATE NO:	COMPANY/PROGRAM:	AGENCY CUSTOMER ID:	
CONTACT NAME:	MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
EFFECTIVE DATE:	EXPIRATION DATE:			

INSURED INFORMATION

INSURED'S NAME (IF DIFFERENT FROM ABOVE):	VESSEL #:	BOAT/YACHT:			
		LIFT	SLIP	TRAILER	MARINA
WHAT IS THE MOORING LOCATION OF YOUR VESSEL BETWEEN 6/1 AND 11/1 INCLUDING STREET ADDRESS, CITY, AND ZIP CODE?:					
WHERE WILL YOU STORE YOUR BOAT IN THE EVENT OF A NAMED STORM THREAT? WILL THE BOAT BE MOVED FROM ITS ORIGINAL MOORING LOCATION?:					
PLEASE GIVE SPECIFICS REGARDING CHOSEN LOCATION'S PROTECTION AGAINST STORMS, AND ITS STORM PROTECTION HISTORY (IF KNOWN):					
WHAT ARRANGEMENTS HAVE YOU MADE TO PREPARE/PROTECT YOUR VESSEL IN THE EVENT OF A NAMED STORM, AND WHAT ACTIONS WILL YOU TAKE TO PREVENT LOSS?:					
WHAT ALTERNATE PLANS (SUCH AS HAULOUT, RELOCATION, ETC) HAVE YOU MADE TO PROTECT YOUR VESSEL IN THE EVENT YOUR ORIGINAL PLAN CANNOT BE IMPLEMENTED?:					
WHO, IF OTHER THAN YOURSELF, WILL BE RESPONSIBLE FOR PREPARING YOUR VESSEL FOR PROTECTION FROM SUCH NAMED STORMS? WHAT IS THIS PERSON'S RELEVANT EXPERIENCE?:					
I UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED CAN VOID THE POLICY TERMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.					
PRINTED NAME	APPLICANT SIGNATURE			DATE OF SIGNATURE	

FRAUD WARNING

GENERAL STATEMENT: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties

AK, AL, AR, CA, CT, DC, DE, GA, IA, ID, IN, IL, MA, MO, MS, MT, NC, ND, NE, NJ, NH, NM, ND, OK, PA, RI, TN, TX, WI, (GROUP)- Fraud Warning: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, is guilty of insurance fraud, which is a felony and subject to criminal and/or civil penalties

MD, ME, WA, NV, MN, SD, UT (INDEPENDENTLY)- Fraud Warning: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, maybe guilty of insurance fraud, which is a felony and maybe subject to criminal and/or civil penalties.

Notice to Colorado: It is unlawful to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or aware payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Notice to Idaho: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete or misleading information is guilty of a felony.

Notice to Indiana: Any person who knowingly makes any false or fraudulent statement or presentation in or with reference to any application for life insurance or for the purpose of obtaining any fee, omission, money or benefit from or in any company transacting business under this article, commits a class A misdemeanor.

Notice to Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New York: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Oregon: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which may be a crime and may be subject to criminal and/or civil penalties.

Notice to Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Virginia: 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 denial of insurance benefits.

I understand that AssuredPartners, for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted.

I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or Assured-Partners as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or AssuredPartners as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

APPLICANTS NAME (PRINT)

PRODUCER'S NAME

DATE