



Application for Ocean Marine Insurance

Quote Only: _____ Please Bind: _____ Requested Effective Date: ___/___/___

NAMED INSURED: _____

Registered Owner(s) (If different): _____

Home phone: _____ Cell phone: _____

Fax: _____ AAA Membership: _____

Email Address: _____ Preferred method of Contact: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: ___/___/___ Occupation: _____

Employer: _____

Current Carrier for Homeowners &/or Auto Insurance: _____

Do you have an Umbrella Policy? Yes No

Years of boat Ownership: _____ Years as operator/crew: _____

Previous Insurer (this or prior boat): _____ Policy# _____

Expiration of current policy: ___/___/___

Size & type of previous boats: _____

Member of cruising club: _____

Boating education & courses: _____

Boating losses in the past 3 years (claimed or otherwise) Give full details including date description & amount paid): _____

COVERAGES:

Hull & Machinery:

Year: _____ Make: _____ Model: _____

Length: _____ Beam: _____ Registration #: _____

Serial : _____ HorsePower: _____

Current Market Value: \$ _____

Date Purchased: ____/____/____

Outboard/Auxiliary Motor:

Year: _____ Make: _____ Model: _____

Serial #: _____ Value: \$ _____

Dinghy:

Year: _____ Make: _____ Model: _____

Serial #: _____ Value: \$ _____

Dinghy Motor:

Year: _____ Make: _____ Model: _____

Serial #: _____ Value: \$ _____

Total Hull & Machinery: Value: \$ _____

Trailer:

Year: _____ Make: _____ Model: _____

Serial #: _____ Value: \$ _____

Protection & Indemnity:

Check One: Liability Limit:

- \$300,000 included
- Options for \$500,000
- Options for \$1,000,000

LOSS PAYEE:

Name: _____ Address: _____

Loan Number: _____

OPERATORS:

List all operators of the vessel and include all auto moving traffic violations & at fault accidents per operator in the past 3 years including the date, description, amount paid & indicate if no current drivers license. Also include the years experience and percentage of use:

	Full Names	Dates of Birth	Drivers License #
1.	_____	_____	_____
2.	_____	_____	_____

Check One: Ashore Afloat Is the yacht transported overland? Yes No
If so, how far? _____ How often? _____

TYPE OF VESSEL:

Sailboat: ____ Trawler: ____ Cruiser: ____ Houseboat: ____ Runabout: ____
High Performance: ____ Other: _____

Check One: Construction: Fiberglass: ____ Wood: ____ Other: _____

Check One, Yes or No:

Sleeping Quarters:	Yes	No	Galley:	Yes	No
Head:	Yes	No	Radar:	Yes	No
Compass:	Yes	No	Depth Finder:	Yes	No
S/S Radio:	Yes	No	Propane:	Yes	No
Autopilot:	Yes	No	GPS:	Yes	No

Vapour Detection System:	Yes	No	Built In Co2 Halon System:	Yes	No
Number of Fire Extinguishers:	_____		Max Speed:	_____	
Type of fuel:	Diesel	Gas	Number of Engines:	_____	
Engine Manufacturer:	_____				

Check One:

Inboard: Outboard: I/O: Jet Horsepower:
Chartered Use? Yes/No Navigational Limits Requested: _____

Live Aboard? Yes No

Have you ever had any insurance refused or cancelled? Yes No

If yes, reason: _____

Please complete:

Marina Name _____

Street Address: _____

City, State, Zip: _____

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, 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 is agreed that this form shall be the basis of the contract should a policy be issued.

Date: ____/____/____ Signature of Applicant: _____

BROKERAGE FIRM:

Fournier Insurance Solutions
5712 Orchard Street West
University Place, WA 98466
Phone: 253-473-3010
Fax: 253-473-5363
requests@fourniersolutions.com

Date: ____/____/____ Signature of Broker: _____

NOTE: INSURANCE IS NOT IN EFFECT UNTIL POLICY IS BOUND

Binders expire 15 days from the effective date.