



### Application for Ocean Marine Insurance

Quote Only: \_\_\_\_\_ Please Bind: \_\_\_\_\_ Requested Effective Date: \_\_\_/\_\_\_/\_\_\_

**NAMED INSURED:** \_\_\_\_\_

Registered Owner(s) (If different): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_ Work Fax: \_\_\_\_\_

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: \$ \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

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.