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Honolulu, HI 96815

# WATERCRAFT INSURANCE APPLICATION

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San Jose, CA 95117

**Fill out form, save file & then email to Steve:**  
[steve@alliedfinancialnetwork.com](mailto:steve@alliedfinancialnetwork.com)

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													
<b>TYPE OF VESSEL</b>		<input type="checkbox"/> CRUISER / MOTOR YACHT		<input type="checkbox"/> SAILBOAT		<input type="checkbox"/> FLATS SKIFF		<input type="checkbox"/> BASS BOAT		<input type="checkbox"/> DRIFT BOAT		<input type="checkbox"/> CENTER CONSOLE	
		<input type="checkbox"/> SPORTFISH		<input type="checkbox"/> PONTOON		<input type="checkbox"/> AIRBOAT		<input type="checkbox"/> OPEN FISHING		<input type="checkbox"/> TRAWLER		<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					
<b>MACHINERY</b>		<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.						
<b>EQUIPMENT</b>		<input type="checkbox"/> GPS / SAT NAV / LORAN		<input type="checkbox"/> RADAR		<input type="checkbox"/> LIFE RAFT		<input type="checkbox"/> HIGH WATER ALARM		<input type="checkbox"/> TRAILER BALL OR AXLE LOCKS			
		<input type="checkbox"/> VHF / SHIP TO SHORE		<input type="checkbox"/> CHART PLOTTER		<input type="checkbox"/> AUTO CO2 OR HALON		<input type="checkbox"/> CO DETECTOR		<input type="checkbox"/> ANTI THEFT DEVICE			
		<input type="checkbox"/> DEPTH FINDER		<input type="checkbox"/> AUXILIARY GENERATOR		<input type="checkbox"/> FUME DETECTOR		<input type="checkbox"/> OB / OUTDRIVE LOCKS		<input type="checkbox"/> EPIRB			
<b>TRAILER</b>	YEAR	MANUFACTURER			SERIAL NO.								
<b>DINGHY</b>	YEAR	LENGTH	MANUFACTURER		SERIAL NO.								
<b>DINGHY ENGINE</b>	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 checked="" type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL			DESCRIBE ALL WATERS NAVIGATED AND MAXIMUM MILEAGE OFFSHORE										
<b>MOORING LOCATION</b>		<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				
<b>LAY-UP LOCATION</b>		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				
<b>ACCIDENT LOSS HISTORY: Have you ever filed a marine claim?</b> <input type="checkbox"/> YES (PLEASE EXPLAIN BELOW) <input type="checkbox"/> NO <small>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.</small>													
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					



**GENERAL INFORMATION**

IS THIS VESSEL USED FOR CHARTER OR ANY OTHER COMMERCIAL PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN	
DO YOU TOW SKIERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS VESSEL USED FOR RACING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS VESSEL USED AS A LIVEABOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> SECONDARY RESIDENCE
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
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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
			<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**

(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 I declare that the statements within this Watercraft Application are true to the best of my knowledge and belief. The selections indicated within this Watercraft Application accurately reflect the limits, coverages and deductibles I desire. 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.

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