



# Boat Application<sup>®</sup>

One Hollow Lane, Lake Success, NY 11042  
Phone & Fax:  
**1-800-225-6560**

Name \_\_\_\_\_  Ind/Family  Partnership  Corporation  
Street \_\_\_\_\_ Apt/Unit# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Port \_\_\_\_\_ Marina: \_\_\_\_\_  
(if different State) Zip Code: \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Phone: Home \*(\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

**\* Required – used as the quote number**

Previous/Current Policy: \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Ins Co: \_\_\_\_\_ None

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Length: \_\_\_\_\_ HP: \_\_\_\_\_  
Hull ID: \_\_\_\_\_ Value: \_\_\_\_\_ Trailer \$ \_\_\_\_\_ Purchased: \_\_\_\_\_ Year  
Previous Boats owned: \_\_\_\_\_  New or  Used  
**Addtl Info for Boats >26'** Name: \_\_\_\_\_ Surveyed: \_\_\_\_\_ Year \_\_\_\_\_ Crew #: \_\_\_\_\_ (if any)  
Chartered:  Times per year \_\_\_\_\_ Dinghy Value: \$ \_\_\_\_\_ Yr/Make: \_\_\_\_\_

### Who will be operating this craft?

### MVR Info (4 year history)

### Boating Experience

Name	D.O.B.	Occupation	# Tkts	# Acc	DUI (last 6 yrs)	Date	Yrs	Courses
1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____

Navigated year round?  Yes OR Laid up from \_\_\_\_\_ to \_\_\_\_\_  On Shore  
PREMIUM DISCOUNT FOR A LAY-UP PERIOD Used In:  Fresh Water  Salt Water  Both  Afloat  
Waters Navigated (Boats > 26'): \_\_\_\_\_  On Lift

Prior Losses:  None  Theft  Submerged Object  Injury  Engine  Collision  Other \_\_\_\_\_  
1. Year of Loss \_\_\_\_\_ \$ Paid \_\_\_\_\_ 2. Year of Loss \_\_\_\_\_ \$ Paid \_\_\_\_\_

**Liability Limit**

<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000
<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000
<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
<input type="checkbox"/> None	

Other: \_\_\_\_\_

**<26' Deductible >26'**

<input type="checkbox"/> 500	<input type="checkbox"/> 2%
<input type="checkbox"/> 1,000	<input type="checkbox"/> 3%
<input type="checkbox"/> 2,500	<input type="checkbox"/> 5%
<input type="checkbox"/> Other _____	

**Liability Only**

**All Programs Include**

- Uninsured Boaters Liability
- “All Risk” hull coverage
- \$10,000 Medical Payments
- No Installments
- A Minimum Earned Premium

**Overnight Storage:**  Parking lot  Garage  Driveway  Yard  Street  Lift  \_\_\_\_\_  
(Summer)

Do you have another residence ?  Yes  No If so, in which state? \_\_\_\_\_

Is the craft financed?  Yes  No Is the craft currently for sale?  Yes  No

**Code #:** \_\_\_\_\_ Agency or Dealership Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**THIS IS NOT A BINDER**