

W. R. Hodgens Marine Insurance, Inc.



Named Insured:		Date of Birth:	
If Corporate, Beneficial Owner:		Occupation:	
Street Address:		Phone Number:	
City, State, Zip:		Home:	
		Work:	
		Cell:	

VESSEL INFORMATION

Year Built:	Length:	Manufacturer/Builder:	Model:	Hull ID Number:

Name of Yacht:	State Registered: Yes No	Vessel Flag:	Date Purchased:	Purchase Price:
	Registration #			

Type: <input type="checkbox"/> Mono hull <input type="checkbox"/> Cat Hull <input type="checkbox"/> Other :	Construction: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Kevlar/Carbon Fiber <input type="checkbox"/> Other::	Use: <input type="checkbox"/> Private Pleasure <input type="checkbox"/> Charter If Charter is requested, you must complete the Charter Supplemental Application.
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Engine Manufacturer / Model:	Year Built:	Serial Number(s):

Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Jet Fuel	Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Outboard <input type="checkbox"/> Turbine <input type="checkbox"/> I/O <input type="checkbox"/> Surface Drive <input type="checkbox"/> Pod Drive	Engine(s): <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> Quad	Horsepower (each): Max Speed (MPH):	Fuel Tanks: <input type="checkbox"/> Metal <input type="checkbox"/> F/G	Drive Manufacturer: Wet or Dry Sump:
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Navigation:
 Radar GPS Depth Finder Auto Pilot VHF Radio

Safety Equipment/ Security:
 Auto Fire Ext. Fume Detector Number of Hand Held Fire Extinguishers [] [] Engine Alarm Theft Alarm Tracking Device
 Surveillance System Locked/fenced enclosure Secured building Other:

Current Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Survey:	<input type="checkbox"/> Afloat <input type="checkbox"/> Out of Water	Name of Surveyor:
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PRIMARY OPERATOR INFORMATION: TRAINING/EXPERIENCE (Additional Operators must complete a separate Operator Information Sheet)

Operator Name:	Date of Birth:	Driver's License Number/State:	Social Security #:
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Years Boating Experience:	Boating Courses: <input type="checkbox"/> None <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> U.S. Coast Guard Auxiliary Tres Martin School <input type="checkbox"/> Mariner's License (describe):
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Boats Previously Owned					
Dates owned	Manufacturer	Type	Size	Max Speed	Waters Navigated

Loss History (if none, state NONE)

Details of any previous losses:	Date	Cause	Amount

Have you ever been convicted of a felony or DUI? No Yes (If yes, describe: __)

Trailer Information:

Trailer Year, Manufacturer & Model:	Serial Number:	No of Axles:	Capacity:	Stored on Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No

INSURANCE COVERAGES REQUESTED

Coverage	Amount of Insurance	Deductible	Named Windstorm Deductible
Vessel Hull and Machinery	\$	\$	\$
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	

Navigation Area: East Coast U.S. Florida Bahamas Inland USA
 Gulf of Mexico Great Lakes Pacific Coastal Caribbean
 Other:

Lay Up Dates: From: To:
 Ashore Afloat

Mooring Locations : (Marina/Address, City, State, **Zip Code**)
 June 1 to November 30:
 December 1 to June 1:

Storage: Dock/Slip Trailer Lift Rack Other: (If other, please state):

Lienholder name and address:	Loan Number: Loan Balance:
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Additional Insured name and address :

OTHER INFORMATION

EXPLAIN All "Yes" Responses In Remarks:	Yes	No	Remarks:
Is yacht used commercially or for business purposes? (explain)			
Do you employ paid crew? If so, how many / what are their duties?			Number of full time crew: ____ part time: Duties:
Has any carrier cancelled or non-renewed coverage?			
Has the boat or engine(s) been modified or altered from their stock condition?			
Is vessel ever towed?			

Additional remarks::

The completion and signing of this application does not bind the **APPLICANT** or this **COMPANY** to effect insurance on this risk; it is submitted for purposes of rating and quotation only. If accepted by this **COMPANY** it is agreed the information furnished herein shall be the basis of the contract should a policy be issued.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR 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.

Applicant Signature:	Date:	Producer:
Producer Signature:	Date:	
Current Insurer:		
Policy Effective Date:	Annual Premium: \$	

This notice is given in compliance with the Federal Fair Credit Reporting Act (public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the insurer's underwriting procedure, a routine credit report may be obtained, as well as a motor vehicle record report.

**THIS COVERAGE IS A NAMED OPERATOR POLICY. ONLY PRE-APPROVED PERSONS MAY OPERATE VESSEL.
 THIS COVERAGE EXCLUDES RACING, RACING TRIALS, OR CONTESTS.**