

POLICY EFFECTIVE DATE		Downpayment:	AgencyCode
Insured's Name			A BVSA Marine Insurance
Street Address			C 45 Middle Country Road
City		State	A Zip
City		State	A Zip
Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Previously Declined, cancelled, nonrenewed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes explain in remarks)		Agency FAX #

BVSA Marine Insurance
45 Middle Country Road
Middle Island, NY 11953
Tel 631.698.3558; Fax 631.698.6128
Quote Online www.BVSAinsurance.com

OWNER/OPERATOR INFORMATION - List all operators (including minor and occasional operators)

	Birth Date	Yrs. Exp.	% of use	USPS/USCGA course?	
1.				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
2.				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
3.				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced

Previous Vessels owned (please specify size and years owned) _____
Prior Boating Losses (date, description, amount, operator (if applicable)) _____

Is this yacht used for racing? No Yes If yes, what % of time? _____ %

YACHT INFORMATION

Yacht	Year	Length	Manufacturer	Model	Total HP	Max speed (mph)	
	Engine Info: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other:		Engine Type: <input type="checkbox"/> Outboard(s) <input type="checkbox"/> Inboard <input type="checkbox"/> Outdrive (I/O) <input type="checkbox"/> Water Jet	Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> None	Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other:	Hull Identification Number	
	Date of Last Survey	Date Purchased	Total Purchase Price	Was yacht purchased as salvage or previously damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Outboard Motor(s)	Year	Manufacturer	Model	Value
Dinghy (if over 16' or 25 hp)	Year	Manufacturer	Model	Length
	Dinghy Motor Manufacturer	Dinghy Motor Year	Serial Number	Total HP
Trailer	Year	Manufacturer	Model	Value

Waters Navigated (x which apply)

<input type="checkbox"/> Full Atlantic (ME to FL)	<input type="checkbox"/> Restricted South Atlantic (NC, SC, GA)	<input type="checkbox"/> Southeast Inland lakes & rivers	<input type="checkbox"/> Puget Sound
<input type="checkbox"/> New England (ME to NJ)	<input type="checkbox"/> South Atlantic (NC to FL)	<input type="checkbox"/> Southern California	<input type="checkbox"/> San Francisco Bay & tributaries
<input type="checkbox"/> North Atlantic (ME to NC)	<input type="checkbox"/> Great Lakes	<input type="checkbox"/> West Coast	<input type="checkbox"/> Lake Powell/Lake Mead
<input type="checkbox"/> Northeast Inland lakes & rivers	<input type="checkbox"/> Gulf (FL to TX)	<input type="checkbox"/> California Coastal	<input type="checkbox"/> Western States Inland
<input type="checkbox"/> Chesapeake Bay	<input type="checkbox"/> Atlantic & Gulf (ME to TX)	<input type="checkbox"/> Northern California	<input type="checkbox"/> Oregon
	<input type="checkbox"/> Other: _____		

Location	Summer (City, State, Zip)	Winter (City, State, Zip)	Lay-up Period (mo/day) From To	<input type="checkbox"/> Hauled <input type="checkbox"/> Afloat <input type="checkbox"/> Bubbler system
List name & location of marina or residence				
Pleasure Use <input type="checkbox"/> No <input type="checkbox"/> Yes	# of Charters	Paid Captain <input type="checkbox"/> No <input type="checkbox"/> Yes	Paid Crew <input type="checkbox"/> No <input type="checkbox"/> Yes	Total Paid Crew (including Captain) #
Safety Equipment	<input type="checkbox"/> GPS	<input type="checkbox"/> Built-in CO2	<input type="checkbox"/> Ship/Shore Radio	<input type="checkbox"/> Depth Sounder
	<input type="checkbox"/> Radar	<input type="checkbox"/> Laser Plot	<input type="checkbox"/> EPIRB	<input type="checkbox"/> Burglar Alarm
				<input type="checkbox"/> Vapor Detector

COVERAGES

Hull (incl. machinery, equipment & o/b)	Hull Ded. %	Protection & Indemnity <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Medical Payments (\$2,000 incl. 26' - 29'11" - \$5,000 incl. 30' +)	UB (Equal to P&I)	Commercial Towing (\$600 incl. 26' - 29'11" - \$1,000 incl. 30' +) <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Pers Prop (\$1,000 included)
\$ _____	_____		\$ _____			\$ _____

Optional Coverages: Hurricane Haul Out Reimbursement Electronic Deductible Endorsement (\$250,000 hull minium) \$ _____
 Blanket Fishing Equipment: Total Value \$ _____
 Other: _____

1 of 2

Additional Information needed to issue:

Occupation (s) for all operators: 1. 2. 3.	How many years have you known the applicant? 	Do you handle other insurance with Travelers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, (x) which apply: <input type="checkbox"/> Homeowners <input type="checkbox"/> Automobile <input type="checkbox"/> Umbrella <input type="checkbox"/> Other:
---	--	---

Has any operator been convicted of a moving violation or had an accident during the last 3 years? No Yes (Give details below)

Date	Loss description including amount/violation description	Operator #
1.		
2.		
3.		

Loss Payee	Alternate Payor
Name	Name
Address	Address
City State Zip Code	City State Zip Code

Additional Insured

Name

Address

City State Zip Code

Have you or any operator had a criminal conviction (arson, burglary, etc.) within the past 5 years? No Yes
 If yes, indicate by whom and reason in the remarks.

Additional Remarks -

Signature

The statements made on this application are accurate to the best of my knowledge. I agree that this application shall constitute a part of any policy issued whether attached or not. I understand that any false or inaccurate information may result in my policy being made null and void or canceled as permitted by state law. I also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of Applicant: _____ **Date:** _____

To the best of my knowledge, the applicant has provided truthful information and I certify that the above signature is that of the named insured.

Signature of Agent: _____ **Date:** _____

2 of 2