## Flagship Marine Underwriters∞

## **Application Form**

ASSURED'S NAME:			ASSURED'S	DATE OF BIRTH:	ASSURED'S NATIONALITY:		ASSURED'S STATE OF RESIDENCE:		
FULL MAILING ADDRESS (including ZIP/Post Code where available). IF COMPANY PROVIDE REGISTERED ADDRESS									
BENEFICIAL Assured):	OWNER (this should	d be completed if vessel is in	isured in a con	npany name or if the	beneficial owner o	f the vessel	is someone other than the	Named	
EFFECTIVE DATE FROM: (mm/dd/yy)     TO: (mm/dd/yy)     0.01hrs LST									
VESSEL NAM	E:	н	JLL ID:			LENGTH OVERALL:			
MANUFACTU	JRER/MODEL:	YE	AR BUILT:				MODEL YEAR:		
PURCHASE PRICE: DA			ATE OF PURCH	ASE:			PRESENT VALUE:		
MAXIMUM SPEED: VES			SSEL REGISTER	RED:			VESSEL FLAG:		
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER									
		CO	VERAGES				LIMIT (US Dollar)		
	CAL DAMAGE								
TENDER/DIN	IGHY								
MEDICAL PA	YMENTS								
PERSONAL P	ROPERTY								
TRAILER									
BREACH OF V	BREACH OF WARRANTY (APPLICABLE LOSS PAYEE MUST BE DETAILED ON PAGE 4)								
THIRD PARTY	THIRD PARTY LIABILITY								
LIABILITY TO	PAID CREW								
COMMERCIA	L PASSENGER LIAB	ILITY							
UNINSURED	BOATERS								
NON-EMERG	ENCY TOWING								
OTHER (plea	se specify)								
-	THE APPROPRIATE					-			
PRIMARY PO	WER	SAIL OUTBOARD		TYPE OF VESSEL			SAILBOAT MOTOR YACHT		
		INBOARD					SPORTSFISHER		
HULL MATERIAL: FIBREGLASS						HOUSEBOAT			
		WOOD					CATAMARAN		
		KEVLAR					OTHER (give details)		
CARBONFIBRE FERROCEMENT			LAST SURVEYED (mm/dd/yy)			')	ASHORE OR AFLOAT		
		METAL							
VESSEL ENGINE/OUTBOARD DETAILS									
HP MANUFACTURER			FUEL	YEAR		SE	RIAL NO#		
#2									
	DATE PL	JRCHASED	PURCHASE PRICE				PRESENT VALUE		
#1									
#2									

TENDER/DINGHY INFORMATION									
	MANUFACTURE	R	YI	AR		HULL ID/SERIAL NUMBER	LENGTH		
			т			INE/OUTBOARD DETAILS			
MANUFACTURER						HP	SERIAL NUMBER		
MANOFACIORER									
					TRAILER IN	FORMATION			
N	ANUFACTURER	YE	AR BUILT		DATE	PURCHASE PRICE	PRES	SERIAL NUMBER	
				PUI	RCHASED		ENT		
							VALU		
							E		
PRIM	IARY MOORING LOCA	TION OF VESS	FL (INCLUDING 7IP/	POST CO		VAILABLE) BETWEEN JULY 1 <sup>st</sup> – NOV 1 <sup>st</sup>			
PLEA	SE SPECIFY WHETHER	VESSEL WILL	BE ASHORE/AFLOAT	(MOORI	D)/OR ON A	HOIST. IF YOU ARE UNABLE TO PROVIDE A ZIF	P/POST CO	DDE. PLEASE ADVISE	
	GITUDE & LATITUDE.			(					
_									
PLEA	SE ADVISE IF THIS VES	SSEL IS FITTED	WITH MANUFACTU	RER RECO	OMMENDED	FIRE PREVENTION/EXTINGUISHING EQUIPMEN	T (if no p	rovide explanation) :	
				YE	· c	NO			
				YE	:5	NO			
PLEA	SE DETAIL ANY ANTI-	THEFT PRECAU	JTIONS WHICH ARE	IN PLACE					
ALL	WATERS TO BE NAVIG	ATED DURING	THIS POLICY PERIO	D (YOU N	ΛΑΥ ΑΤΤΑCΗ	AN ITINERARY)			
WILL	THE VESSEL BE LAID	UP (OUT OF U	SE) DURING THIS PO	LICY PER	RIOD – IF SO	DETAIL EXACT DATES, LOCATION AND ADVISE \	NHETHER	ASHORE OR AFLOAT.	
#					GENERA	LINFORMATION			
1	IS THIS VESSEL USED	D FOR FARE PA	YING	YES	NO	IF YES, NUMBER OF PASSE	NGERS P		
.	PASSENGERS?			5		MAXIMUM:	AVERAG		
						NUMBER OF TRIPS	PER YEAR		
						MAXIMUM:	AVERAG	GE:	
2	IS THIS VESSEL CHA	RTERED TO OT	HERS WITH A	YES	NO	IF YES, COMPLETE CAPTAIN CHARTE	R SUPPLE	MENTARY SHEET	
	CAPTAIN?								
3	DOES THIS APPLICA	NT EMPLOY P	AID CRFW	YES	NO	IF YES, HOW M	ΔΝΥ?		
5				125	110	11 125, 116W M			
4	IS THIS VESSEL CHA	RTERED TO OT	HERS WITHOUT	YES	NO	IF YES, COMPLETE BAREBOAT CHART	ER SUPPL	EMENTARY SHEET	
	A CAPTAIN (BAREBO								
5	IS THIS VESSEL USED		KIING OR	YES	NO	IF YES, PROVIDE I	DETAILS		
	DIVEBOAT CHARTER	R?							

#	GENERAL INFORMATION CONTINUED								
6	IS THIS VESSEL USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?			NO		IF YES, PROVIDE DETAILS			
7	WILL THIS VESSEL BE OPEATED SINGLE HANDEDLY AT NIGHT?		YES	NO		IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?			
8	DOES ANYONE RESIDE ABOARD THE VESSEL		YES	NO		IF YES, FOR HOW LONG DURING THE POLICY PERIOD?			
9	WILL THIS VESSEL PARTICIPATE IN ANY     RACES/REGATTAS/RALLYS/SPEED TRIALS DURING     THIS POLICY PERIOD?			NO		IF YES, COMPLETE RACING SUPPLEMENTARY SHEET			
10	10 WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?			NO		IF YES, PROVIDE DETAILS			
11	11 HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)			NO		IF YES, PROVIDE DETAILS			
12 HAVE YOU OR ANY NAMED OPERATED BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?			YES	NO		IF YES, PROVIDE DETAILS			
	ALL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS								
					PLEASE REG				
No				OPERATORS 1m/dd/yy)	PLEASE REG	Violations/Suspensions (including Auto) in the last 5 years			
		Date of	Birth (m		PLEASE REG				
No		Date of	Birth (m	ım/dd/yy) wnership		Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience			
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No		Date of	ີ Birth (m f Boat Ov	ım/dd/yy) wnership Boati	ng Qualific	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience			
No		Date of	ີ Birth (m f Boat Ov	ım/dd/yy) wnership Boati	ng Qualific	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience ations (for example USCG 100Ton)			
No	Full Name	Date of Years o	f Birth (m f Boat Ov Len	mm/dd/yy) wnership Boati ngths and M	ng Qualific anufacture	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience ations (for example USCG 100Ton)			
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No	Full Name	Date of Years o	Birth (m f Boat Ov Len volved in	mm/dd/yy) wnership Boati ngths and M n a Loss in th n convicted	ng Qualific anufacture ne last 10 ye	Violations/Suspensions (including Auto) in the last 5 years Years of Boating Experience ations (for example USCG 100Ton) rs of Vessels previously owned or operated ears (insured or not)? If YES, please give details and amounts paid:			
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LOSS PAYEE(S) (PLEASE PROVIDE NAME AND FULL MAILING ADDRESS):

ADDITIONAL ASSURED'S REQUIRED - (PLEASE PROVIDE NAME, FULL MAILING ADDRESS AND REASON FOR REQUEST)

## PLEASE READ BEFORE SIGNING APPLICATION

- 1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
- 2. Any misrepresentation in this application for insurance may 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.
- 3. Fraud Statement please see page 5 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.

ASSURED SIGNATURE:	PRINT NAME AND STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED ASSURED/BENEFICIAL OWNER	SIGNATURE DATE:						
PRODUCING BROKER								
BROKER USE ONLY:								
PLEASE PROVIDE SURPLUS LINES	S TAX FILING INFORMATION OR ADVISE IF NOT APPLICABLE (LICENSE NUMBER WILL	. SUFFICE):						