

Robinson Maurer Welts
Application for Ocean Marine Insurance

Quote Only: ___ Please Bind: ___ Requested Effective Date: ___/___/___

NAMED INSURED: _____

Registered Owner(s) (If different): _____

Home phone: _____ Work phone: _____

Home Fax: _____ Work Fax: _____

Email Address: _____ Preferred method of Contact: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: ___/___/___ Occupation: _____

Employer: _____

Current Carrier for Homeowners &/or Auto Insurance: _____

Do you have an Umbrella Policy? (circle one) Yes/No

Years of boat Ownership: _____ Years as operator/crew: _____

Previous Insurer (this or prior boat): _____ Policy# _____

Expiration of current policy: ___/___/___

Size & type of previous boats: _____

Member of cruising club: _____

Boating education & courses: _____

Boating losses in the past 3 years (claimed or otherwise) Give full details including date description & amount paid): _____

COVERAGES:

Hull & Machinery:

Year: _____ Make: _____ Model: _____

Length: _____ Beam: _____ Registration #: _____

Serial #: _____ HorsePower: _____

Current Market Value: \$ _____ Purchase Price: \$ _____

Date Purchased: ___/___/___

Outboard/Auxiliary Motor:

Year: _____ Make: _____ Model: _____

Serial #: _____ Value: \$ _____

Dinghy:

Year: _____ Make: _____ Model: _____

Serial #: _____ Value: \$ _____

Dinghy Motor:

Year: _____ Make: _____ Model: _____

Serial #: _____ Value: \$ _____

Total Hull & Machinery: Value: \$ _____

Trailer:

Year: _____ Make: _____ Model: _____ Serial #: _____

Value: \$ _____

Protection & Indemnity:

Circle One:

Liability Limit: \$300,000 included; Options for \$500,000 or \$1,000,000

LOSS PAYEE:

Name: _____ Address: _____

Loan Number: _____

OPERATORS:

List all operators of the vessel and include all auto moving traffic violations & at fault accidents per operator in the past 3 years including the date, description, amount paid & indicate if no current drivers license. Also include the years experience and percentage of use:

Full Names	Dates of Birth	Drivers License #
1. _____		
2. _____		

Circle One: Ashore or Afloat Is the yacht transported overland? Yes/No
If so, how far? _____ How often? _____

TYPE OF VESSEL:

Sailboat: ___ Trawler: ___ Cruiser: ___ Houseboat: ___ Runabout: _____
High Performance: _____ Other: _____

Check One: Construction: Fiberglass: ___ Wood: ___ Other: _____

Circle Yes or No:

Sleeping Quarters: Yes/No; Galley: Yes/No; Head: Yes/No; Radar: Yes/No

Compass: Yes/No; Depth Finder: Yes/No; S/S Radio: Yes/No; Propane: Yes/No

Vapour Detection System: Yes/No; Built In Co2 Halon System: Yes/No

Autopilot: Yes/No; GPS: Yes/No; Number of Fire Extinguishers: _____

Max Speed: _____; Type of fuel: Diesel/Gas; Number of Engines: _____

Engine Manufacturer: _____

Check One:

Inboard: ___ Outboard: ___ I/O: ___ Jet Horsepower: ___

Chartered Use? Yes/No Navigational Limits Requested: _____

Live Aboard? Yes/No

Have you ever had any insurance refused or cancelled? Yes/No

If yes, reason: _____

Please complete:

Marina Name _____

Street Address: _____

City, State, Zip: _____

PLEASE READ BEFORE SIGNING APPLICATION:

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will 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. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but is agreed that this form shall be the basis of the contract should a policy be issued.

Date: ___/___/___ Signature of Applicant: _____

BROKERAGE FIRM:

Robinson Maurer Welts, 1700 Westlake Ave N. #724, Seattle, WA 98109
Phone: 206-269-5200 Return Fax: 206-269-5220
Email address: chris@robinson-ins.com

Date: ___/___/___ Signature of Broker: _____

NOTE: INSURANCE IS NOT IN EFFECT UNTIL POLICY IS BOUND
Binders expire 15 days from the effective date.