



AGENCY CUSTOMER ID: _____

WATERCRAFT SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER			NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)		

BOAT HULL NO. _____

POWER <input type="checkbox"/> INBOARD <input type="checkbox"/> WATERJET <input type="checkbox"/> OUTBOARD <input type="checkbox"/> SAIL <input type="checkbox"/> INBOARD/OUTDRIVE		TYPE OF HULL <input type="checkbox"/> CABIN CRUISER <input type="checkbox"/> BASS <input type="checkbox"/> OPEN COCKPIT <input type="checkbox"/> PERSONAL WC <input type="checkbox"/> SAILBOAT <input type="checkbox"/> SKI <input type="checkbox"/> PONTOON		HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> WOOD		HULL DESIGN <input type="checkbox"/> FLAT BOTTOM <input type="checkbox"/> VEE BOTTOM <input type="checkbox"/> ROUND BOTTOM <input type="checkbox"/> CATAMARAN		FUEL TANK <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL		SPAR MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> CARBON FIBER <input type="checkbox"/> WOOD	
YEAR	MANUFACTURER	MODEL		LENGTH	MAX SPEED	DATE PURCHASED	COST NEW		PRESENT VALUE		
NAME OF BOAT				NAME OF BENEFICIAL OWNER			REGISTRATION NUMBER		COUNTRY OF REGISTRATION		
HULL IDENTIFICATION NUMBER		WATERS NAVIGATED <input type="checkbox"/> ATLANTIC		GREAT LAKES <input type="checkbox"/> INLAND WATERWAYS		PACIFIC <input type="checkbox"/> RIVERS		GULF OF MEXICO		TERRITORY	DATE OF LAST SURVEY
LOC #	PRIMARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY		STATE	ZIP	COUNTRY		LAY-UP PERIOD <input type="checkbox"/> DRY <input type="checkbox"/> AFLOAT	
LOC #	SECONDARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY		STATE	ZIP	COUNTRY		START DATE	END DATE

ENGINE / MOTOR

MOTOR #	YEAR	MANUFACTURER		MODEL			SERIAL NUMBER				
HULL #	HORSEPOWER	FUEL	<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> BATTERY			DATE PURCHASED	COST NEW		PRESENT VALUE	
MOTOR #	YEAR	MANUFACTURER		MODEL			SERIAL NUMBER				
HULL #	HORSEPOWER	FUEL	<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> BATTERY			DATE PURCHASED	COST NEW		PRESENT VALUE	

TRAILER

#	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	# AXLES	CAPACITY lbs.	DATE PURCHASED	COST
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COVERAGES / LIMITS OF LIABILITY

COVERAGE	UNIT #	LIMITS				DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM	
HULL		\$	ACV	RC	AA	\$			\$	
OUTBOARD MOTOR		\$				\$			\$	
PORTABLE ACCESSORIES		\$				N/A			\$	
TRAILER		\$				\$			\$	
PERSONAL EFFECTS		\$				\$			\$	
TOWING		\$				\$			\$	
HURRICANE HAUL-OUT		\$				\$			\$	
LIABILITY (Or Protection & Indemnity)	CSL / BI PD	\$	EA PER	\$	EA ACC	\$			\$	
MEDICAL PAYMENTS		\$				N/A			\$	
UNINSURED BOATERS LIABILITY	CSL / BI PD	\$	EA PER	\$	EA ACC	\$			\$	
UNDERINSURED BOATERS LIABILITY	CSL / BI PD	\$	EA PER	\$	EA ACC	\$			\$	
CODE	COVERAGE	UNIT #	LIMIT	APPLIES TO	LIMIT	APPLIES TO	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
TOTAL:									\$	

