



MARINE INSURANCE APPLICATION

Return via email to steven@marcusagent.com or FAX (866)669-0081

APPLICANT INFORMATION

Name: Primary Phone Number: Second Phone Number:

Applicants Address:

Applicant Is The Titled Owner? Yes No If no, please explain:

Corporately Titled? Yes No Residence Is: Owned Rented

Applicant's Current Employer & Occupation (If Self-Employed, Advise Type Of Business):

Years Employed: If Less Than 2Yrs, List Previous:

Primary Owner's Email Primary Owner's Marital Status Yrs Boating Experience Yrs Of Boat Ownership

OPERATOR INFORMATION

Operator name	DOB	DRIVER LICENSE # / STATE	BOATING COURSES
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

Prior Boats you have Operated	YEAR	LENGTH	Manufacturer and Model Name	Dates Operated (from/to Month/yr)	Owned Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

Does Primary Operator Hold A U.s.c.g. License? Yes No (IF YES, ATTACH COPY)

Is There A Paid Captain? Yes No (IF YES, ATTACH COPY)

Captain Hold A U.s.c.g. License? Yes No (IF YES, ATTACH COPY)

Total # Of Paid Crew (Incl. Captain)

VESSEL & EQUIPMENT INFORMATION

Year Built Length (Feet) Builder/Manufacturer Model Name

Vessel Type (Power/Sail; Single/Multi-Hull) Purchase Price \$ Purchase Date Hull Id / Documentation #

Vessel's Name Maximum Speed (Mph)

Hull Material Fiberglass Wood Steel Aluminum Other

Last Marine Survey Date Mast Material (If Sailboat)

Engine/Propulsion Drive System: Outboard Inboard I/O Inboard/POD Inboard/Jet Inboard/Surface Piercing None

Of Engines Total H.p. Fuel Type Gas Hybrid/Electric Diesel



MARINE INSURANCE APPLICATION

Return via email to steven@marcusagent.com or FAX (866)669-0081

Engine Manufacturer	Yr Built	H.P. EACH	Engine Serial Numbers

Equipment (Check All That Apply)

- Built-in Auto Fire Extinguishing System
 Fume Detector
 Carbon Monoxide Detector
 Alarm/Monitoring System: (MANUFACTURER/MODEL/TYPE)

Trailer Manufacturer: _____ Year Built: _____ Purchase Date: _____ Trailer Value \$: _____ Trailer Serial Number: _____

OPERATION OF VESSEL

Waters To Be Navigated

MOORING LOCATION OF BOAT IN SEASON

Address, City, State, Zip- Marina Name (If Applicable):

 Location Type:

TENDER/DINGHY INFORMATION (ONLY REQUIRED IF TENDER/DINGHY IS SCHEDULED)

Tender Year: _____ Manufacturer: _____ Model: _____
 Tender Value: \$ _____ Length: (Ft) _____ Purchase Date: _____ Serial #: _____
 Motor Year: _____ Motor Mfg.: _____ Serial #: _____
 Motor Hp: _____ Motor Value: \$ (Outboards Only) _____ Motor Type:
 Outboard Inboard Inboard/Outdrive

COVERAGES REQUESTED

Vessel Value: _____ Trailer Value: _____ Tender Value: _____ Tender Outboard Value: _____
 engine value(s) are included in Vessel Value. \$0 for liability only

Liability Limit:
 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000 Other: \$ _____

Uninsured Boaters: Limit Is Based On The Type Of Boat And Program. Please See Limit When Quote Is Returned.

Medical Payments:
 \$1,000 \$5,000 \$10,000 \$25,000 Other: \$ _____

Personal Effects:
 Limit Is based on the type of boat or you can select the limit desired. Other: \$ _____

Towing-Emergency: Limit Is Based On The Type Of Boat And Program. Please See Limit When Quote Is Returned.



MARINE INSURANCE APPLICATION

Return via email to steven@marcusagent.com or FAX (866)669-0081

Additional Coverage Details Will Be Shown On The Quote

Current Insurance Company: Premium: Expiration Date: Any Reported Boat Losses In Last 5 Years: Yes No

Has Any Insurance Coverage Ever Been Cancelled Or Refused: Yes No Date Of Loss: Date Of Loss: Date Of Loss:

Note/Comments * Loss Details/Refused Insurance Details: (Required If Yes To Losses/Refused Insurance)

LOSS PAYEE INFORMATION

Name and Address:

ADDITIONAL INTEREST INFORMATION

Name and Address:

Explain Interest:

ELIGIBILITY QUESTIONS

Have the yacht or engine(s) been modified or altered from their stock condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this yacht currently up for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past three years, have any operators had their driver's licenses suspended, revoked or refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past three years, has any operator had any boat or automobile insurance canceled, been refused issuance or renewal, or received notice of such intent? If Yes, please explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	
Have the owner(s) or any operator(s) ever been convicted of a felony? If yes, explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS: