



AGENCY CUSTOMER ID: _____

WATERCRAFT SECTION

DATE (MM/DD/YYYY) _____

AGENCY Metropolitan Insurance Services		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 <input type="checkbox"/>		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 <input type="checkbox"/>		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 <input type="checkbox"/>		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 <input type="checkbox"/>			
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		TERRITORY		DATE OF LAST SURVEY			
		<input type="checkbox"/> GREAT LAKES <input type="checkbox"/> PACIFIC <input type="checkbox"/> GULF OF MEXICO <input type="checkbox"/> ATLANTIC <input type="checkbox"/> INLAND WATERWAYS <input type="checkbox"/> RIVERS <input type="checkbox"/>							
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"/> BATTERY <input type="checkbox"/> DIESEL <input type="checkbox"/>	DATE PURCHASED COST NEW PRESENT VALUE
				\$ \$ \$
MOTOR #	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER
HULL #	HORSEPOWER	FUEL	<input type="checkbox"/> GASOLINE <input type="checkbox"/> BATTERY <input type="checkbox"/> DIESEL <input type="checkbox"/>	DATE PURCHASED COST NEW PRESENT VALUE
				\$ \$ \$

TRAILER

#	YEAR	MANUFACTURER/MODEL	SERIAL NUMBER	# AXLES	CAPACITY	DATE PURCHASED	COST
							\$

COVERAGES / LIMITS OF LIABILITY

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

RATING / UNDERWRITING

HULL NO. _____ **AGENCY CUSTOMER ID:** _____

EQUIPMENT TYPE	Y/N	MANUFACTURER	MODEL	EQUIPMENT TYPE	Y/N	DESCRIPTION	
BILGE PUMPS				FIRE EXTINGUISHERS		TYPE	SIZE
FUME DETECTOR						DATE LAST WEIGHED	# OF EXTINGUISHERS
DEPTH SOUNDER							
RADAR				SHIP TO SHORE RADIO			
RADIO DIRECTION FINDER				ANTI -THEFT DEVICES			
CO ₂ / CHEMICAL SYSTEMS				HEATING			
AUTOMATIC?		SPACES PROTECTED:					
COOKING STOVE		FUEL TYPE:	# OF STOVES:				

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

HULL INFORMATION

EXPLAIN ALL "YES" RESPONSES								Y / N
1. IS THE BOAT CHARTERED TO OTHERS?								
DESTINATION	LENGTH	FREQUENCY	BARE BOAT CHARTER? (Y/N)	VOYAGE CHARTER? (Y/N)	TIME CHARTER? (Y/N)	ALCOHOL SERVED? (Y/N)		
ARRANGEMENTS								
PURPOSE								
2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?								
3. IS THE BOAT USED FOR RACING?								
FREQUENCY	EXTENT OF RACES		WATERS NAVIGATED					
4. IS THE BOAT USED FOR WATERSKIING?								
FREQUENCY								
5. DOES THE APPLICANT EMPLOY A PAID CREW?								
NUMBER OF FULL-TIME CREW		NUMBER OF PART-TIME CREW						
6. ANY SLEEPING FACILITIES?								
NUMBER OF BEDS								
7. ANY EXISTING DAMAGE TO THE BOAT?								
8. IS THE BOAT USED AS A PRIMARY RESIDENCE?								
NUMBER OF RESIDENTS		PERMANENT RESIDENCE? (Y / N)						
9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED? (If "YES", enter owners on ACORD 88, Additional Interest section)								

OPERATORS [List all residents and dependents (licensed or not) and regular operators]

#	NAME	SEX	MAR STAT	DATE OF BIRTH	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

OPERATOR'S EXPERIENCE

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	USCGA COURSES? (Y/N)	POWER SQUADRON COURSES? (Y/N)	OTHER EDUCATION

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES								Y / N
1. ANY OPERATOR HAVE PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in WI)								
#	DESCRIPTION OF SPECIAL EQUIPMENT					MEDICATION / TREATMENT		
2. ANY DRIVERS LICENSE SUSPENDED / REVOKED DURING THE LAST THREE (3) YEARS?								
#	SUSPENSION PERIOD Start Date: End Date:		EXPLANATION				REINSTATEMENT DATE	

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

HAS ANY OPERATOR SHOWN ABOVE HAD A MOTOR VEHICLE OR BOATING ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST				YEARS?	Y / N	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE			

REMARKS / ATTACHMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<input type="checkbox"/> STATE SUPPLEMENT(S) (if applicable)	<input type="checkbox"/> SURVEY	<input type="checkbox"/> INSPECTION	<input type="checkbox"/> MOTOR VEHICLE REPORT
<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> COAST GUARD CERTIFICATE	<input type="checkbox"/> APPRAISAL	<input type="checkbox"/>

FRAUD STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.