

# MARINE INSURANCE APPLICATION

**CHUBB®**REQUESTED COVERAGE TYPE ☐ Masterpiece Boat ☐ Masterpiece Boat Select ☐ Masterpiece Yacht ☐ Masterpiece Yacht Select

## INSURED INFORMATION

**Contract ID:**

POLICY TO BE ISSUED IN THE NAME OF:			NAME OF BENEFICIAL OWNER (IF DIFFERENT) / ADDITIONAL OWNER		
RESIDENCE ADDRESS			RESIDENCE ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTRY/PROVINCE			COUNTRY/PROVINCE		

## OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN	PRIMARY OWNER'S EMAIL	PRIMARY OWNER'S MARITAL STATUS	PRIMARY OWNER'S HOME OWNERSHIP/RESIDENCE STATUS		
		Select One	Select One		
PRIMARY OWNER'S PHONE NUMBER	PRIMARY OWNER / BENEFICIAL OWNER'S OCCUPATION		PRIMARY OWNER / BENEFICIAL OWNER'S EMPLOYER OR NAME OF OWNED BUSINESS		
DOES PRIMARY OPERATOR HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)		IS THERE A PAID CAPTAIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH RESUME)		DOES CAPTAIN HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)	
REGULAR OPERATOR NAME(S)		D/O/B	DRIVER LICENSE # / STATE		TOTAL # OF PAID CREW (INCL. CAPTAIN)
			BOATING COURSES <input type="checkbox"/> Yes <input type="checkbox"/> No		#YRS BOATS OWNED
			<input type="checkbox"/> Yes <input type="checkbox"/> No		PREVIOUSLY OWNED VESSELS (LENGTH / MAKE / MODEL)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## LOSS & INSURANCE HISTORY

DOES PRIMARY OWNER(S) CURRENTLY HAVE INSURANCE FOR THIS VESSEL? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREVIOUS / CURRENT INSURANCE COMPANY NAME AND PREMIUM:
HAS OWNER EVER HAD INSURANCE CANCELLED, NON-RENEWED OR DECLINED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GIVE COMPANY NAME(S), DATE(S) AND REASON(S):
HAS ANY OWNER OR OPERATOR SUSTAINED ANY MARINE CLAIMS OR LOSSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PROVIDE COMPANY NAMES, DATE(S) OF LOSS/CLAIM, CAUSE AND AMOUNT PAID:
DOES VESSEL HAVE UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES PROVIDE DETAILS:

## VESSEL & EQUIPMENT INFORMATION

YEAR BUILT	LENGTH (FEET)	BUILDER/MANUFACTURER	MODEL NAME	VESSEL TYPE	
				Select One	
PURCHASE PRICE	PURCHASE DATE	HULL ID / DOCUMENTATION #	VESSEL'S NAME	MAXIMUM SPEED (MPH)	
\$					
HULL MATERIAL		LAST MARINE SURVEY DATE		MAST MATERIAL (IF SAILBOAT)	
Select One				Select One	
ENGINE/PROPULSION DRIVE SYSTEM:		# OF ENGINES	TOTAL H.P./CC's	FUEL TYPE	
Select One				Select One	
ENGINE MANUFACTURER		YR BUILT	H.P. EACH	ENGINE SERIAL NUMBERS (OUTBOARD ONLY)	
EQUIPMENT (check all that apply)					
<input type="checkbox"/> Built-in Auto Fire Extinguishing System		<input type="checkbox"/> Fume Detector			
<input type="checkbox"/> Carbon Monoxide Detector		<input type="checkbox"/> Alarm/Monitoring System:			
TRAILER MANUFACTURER		YEAR BUILT	PURCHASE DATE	TRAILER VALUE	TRAILER SERIAL NUMBER
			(mm/yy)	\$	

Named Insured:

Contract ID:

**OWNERSHIP/OPERATION OF VESSEL**

WATERS TO BE NAVIGATED

LAY UP PERIOD (NOT APPLICABLE IF REQUESTED POLICY TYPE IS BOATSMAN)

From: (mm/dd) To: (mm/dd)

IF LAID UP, VESSEL IS DECOMMISSIONED

Select One

BERTH/MOORING LOCATION OF VESSEL (JUNE - NOVEMBER)

Marina Name:

Mooring Address:

Mooring City:

Mooring State:

Mooring Zip Code:

Country:

BERTH/MOORING TYPE FROM JUNE - NOVEMBER (check one)

☐ Afloat @ Dock/Slip☐ Afloat @ Mooring☐ On Hydraulic Lift☐ On Trailer☐ Rack Storage (Inside)☐ Rack Storage (Outside)☐ On Jack Stands or Stilts☐ Other

BERTH/MOORING LOCATION OF VESSEL (DECEMBER - MAY)

Marina Name:

Mooring Address:

Mooring City:

Mooring State:

Mooring Zip Code:

Country:

BERTH/MOORING TYPE FROM DECEMBER - MAY (check one)

☐ Afloat @ Dock/Slip☐ Afloat @ Mooring☐ On Hydraulic Lift☐ On Trailer☐ Rack Storage (Inside)☐ Rack Storage (Outside)☐ On Jack Stands or Stilts☐ Other

VESSEL IS: (check all that apply)

☐ Raced in other than club races☐ Lived aboard on a permanent / semi-permanent basis☐ Bareboat Chartered days/year☐ Chartered w/ Captain/Crew days/year, with passengers (max).☐ Used for other commercial purposes (attach details)☐ Owned by more than two individuals/entities**INSURANCE COVERAGE REQUESTED****EFFECTIVE DATE OF COVERAGE:**

Primary Coverage	Limit	Deductible	Supplemental Coverage	Limit	Deductible
Property Damage Coverage	\$	\$ *	(THIS FIELD FOR COMPANY USE ONLY)		
Liability Coverage (incl. Pollution <sup>1</sup> )	\$				
Medical Payments	\$				
Uninsured Boater	\$				
L&HCA	Statutory Limits				
Trailer	\$	\$			
Personal Property	\$	\$			
Emergency Towing & Service	\$				
Tender/Dinghy	\$	\$			
Paid Crew	\$				
*Note: Separate windstorm deductible may apply based on the navigation area and mooring state.					
<sup>1</sup> If Liability Coverage applies, Pollution Liability amount meets the owner's statutory liability as specified in the Oil Pollution Act of 1990 and any subsequent amendments.					

SPECIAL CONDITIONS / OTHER COVERAGES

Named Insured:

Contract ID:

**LOSS PAYEE / ADDITIONAL INSURED INFORMATION**

<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Interest			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Interest		
NAME:			NAME:		
NAME (CONTINUED):			NAME (CONTINUED):		
ADDRESS:			ADDRESS:		
ADDRESS (CONTINUED):			ADDRESS (CONTINUED):		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTRY/PROVINCE			COUNTRY/PROVINCE		

**ACKNOWLEDGEMENTS**

**Important Notice Regarding The Fair Credit Reporting Act:** Personal information about you, including information from a credit or other investigative consumer report may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. This information will be used solely by the underwriting insurance company(s). Credit-based insurance scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (In MA, NE, OR and VT, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties.) (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) (Not applicable in AL, AR, AZ, DC, FL, LA, ME, MD, NM, OK, RI, TN, VA, WA and WV.)

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Florida and Oklahoma**

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 (in FL: of the third degree).

**Applicable in Maine, Tennessee, Virginia and 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.

**Owner's Statement:** I certify that to the best of my knowledge all statements on this application are true, complete and correct and that the information is being offered to the company as an inducement to issue the policy for which I am applying. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information.

**Producer's Statement:** My (the agent/producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis to believe that the information is anything but truthful.

SIGNATURE OF OWNER (If not beneficial owner, then power of attorney must be in place to be valid.)	DATE
AGENCY NAME	PRODUCER CODE
SIGNATURE OF PRODUCER	DATE