

**Boat Insurance Application****Maggie's Management, LLC • Phone: 877-866-1384 ext. 2165 • FAX: 877-297-5439***Please fax completed application along with the declarations page(s) of your current policy to: 877-297-5439***1. INSURED INFORMATION**

First Name:	Last Name:	MI:	Soc. Sec. #:
Date of Birth:	Home Phone:	Marital Status:	Gender:
Street:		Apt #/Floor:	Rent/Own:
City:	State:	Zip:	County:
Co-applicant First Name:	Last Name:	MI:	Soc. Sec. #:
	Date of Birth:	Gender:	

**2. VESSEL INFORMATION**

Vessel Registered State:	If not registered, Residence State:	Mooring State:
Primary Waters Navigated State:		Mooring Zip Code:
Usage: <input type="checkbox"/> Inland <input type="checkbox"/> Coastal	Homemade Vessel: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MANUFACTURER:	HULL IDENTIFICATION NUMBER:	
Year of Craft:	Model:	
Power Type: <input type="checkbox"/> Inboard/Outdrive <input type="checkbox"/> Outboard <input type="checkbox"/> Sailboat <input type="checkbox"/> Inboard <input type="checkbox"/> Jet <input type="checkbox"/> Outboard Jetdrive <input type="checkbox"/> No Engine <input type="checkbox"/> Other (List)		
Vessel Length: <input type="checkbox"/> Ft <input type="checkbox"/> In	Number of Main Engines:	Horsepower per Main Engine:
Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Fiberglass over Wood <input type="checkbox"/> Other (List)		
Valuation Method: <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Agreed Value – Amount \$		

**3. MISCELLANEOUS INFORMATION**

Years of Boat Ownership:	Hull Value (including motors): \$	Hull Deductible: \$
Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> No Engine/Motor		
Protective Devices: <input type="checkbox"/> Auto Fire Extinguishing Equipment <input type="checkbox"/> Alarm System (High Water/Fire/Theft) <input type="checkbox"/> No Strike Lightning System <input type="checkbox"/> Central Station Monitoring System		
Towing & Assistance Coverage: <input type="checkbox"/> None <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2000 <input type="checkbox"/> \$3000 <input type="checkbox"/> \$4000 <input type="checkbox"/> \$5000		
Trailer Value: \$	Trailer Deductible: <input type="checkbox"/> No Trailer Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	
Personal Property Coverage: \$	Personal Property Replacement Cost: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Liability Limit:	Medical Payments Limit:	Uninsured Watercraft Limit:
Suspended License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unlicensed Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Craft Owned by Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you carried Watercraft insurance for the past 12 months with no lapse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Safety Course/License/Degree (Check ALL that apply):		
<input type="checkbox"/> State Administered Safety Course	<input type="checkbox"/> Chapman Boating School	
<input type="checkbox"/> Coast Guard Auxiliary	<input type="checkbox"/> Power Squadron Course	
<input type="checkbox"/> Captain's License	<input type="checkbox"/> State & Federal Accredited Maritime Academy	
<input type="checkbox"/> Merchant Marine License	<input type="checkbox"/> Commercial Aviation License	
<input type="checkbox"/> Merchant Marine License		
Please List ALL Marine Losses for the past 3 years:		
Date: _____	Desc: _____	Loss Amount: \$ _____ Operator: _____
Date: _____	Desc: _____	Loss Amount: \$ _____ Operator: _____
Date: _____	Desc: _____	Loss Amount: \$ _____ Operator: _____
Date: _____	Desc: _____	Loss Amount: \$ _____ Operator: _____

**INFORMATION RELEASE FORM**

As part of the application process in obtaining the insurance coverage you are requesting from licensed insurance carriers of Maggie's Management LLC, Maggie's Management LLC and/or its licensed carriers may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Maggie's Management LLC and/or its licensed carriers may review consumer reports to evaluate anyone who applies for this insurance. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report.

In consideration of the above, your signature below acknowledges your release for Maggie's Management LLC and/or its licensed insurance carriers to order one or more consumer reports in your name.

Signature

Date

Signature

Date