



# PREMIER MARINE INSURANCE – Application for Insurance

## Ocean Marine Insurance

Quote Only  
 Please Bind

Insured: \_\_\_\_\_ Phone (Wk): \_\_\_\_\_ (Hm): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
No. of Years as owner of a boat: \_\_\_\_\_ No. of Years as Operator/Crew: \_\_\_\_\_ Insurance Effective Date: \_\_\_\_\_  
Previous Insurer (This or prior boats): \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Size and Type of Previous Boats: \_\_\_\_\_  
Member of Cruising Club: \_\_\_\_\_ Date of Marine Survey: \_\_\_\_\_  
Boating Education and Courses: \_\_\_\_\_  
Boating Losses in last 3 years (claimed or not, date & description) \_\_\_\_\_

**Coverages: Hull & Machinery** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Serial # \_\_\_\_\_ Registration # \_\_\_\_\_ Length: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Replacement Cost New: \$ \_\_\_\_\_ Current Market Value: \$ \_\_\_\_\_

**Outboard or Aux. Motor:**\* \_\_\_\_\_ ID# \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
**Dinghy:**\* \_\_\_\_\_ ID# \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
**Dinghy Motor:**\* \_\_\_\_\_ ID# \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_

\*Not covered unless itemized  
**Total Hull and Machinery Value: \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**  
**Additional Personal Effects/Fishing Equipment (Attach List) Value: \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**  
Trailer: \_\_\_\_\_ ID#: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Optional Coverages: \_\_\_\_\_ Premium \$ \_\_\_\_\_

**Loss Payable** Name: \_\_\_\_\_ Liability (\$300,000): Included  
Address: \_\_\_\_\_ Liability (\$500,000) \$ \_\_\_\_\_  
City State Zip: \_\_\_\_\_ Liability (\$1 million) \$ \_\_\_\_\_  
Policy Fee \$ 55  
**Hull Deductible: \_\_\_\_\_ Total Premium \$ \_\_\_\_\_**

List all Operators of the Vessel: \_\_\_\_\_ List all auto moving traffic violations and at fault accidents per operator: \_\_\_\_\_  
(Name, date of birth, years experience, % use, drivers license #) (In the past 3 years, date of accident, date of conviction, description of incident, license revoked?)  
1 \_\_\_\_\_  
2 \_\_\_\_\_

Where is Boat Moored? \_\_\_\_\_ Where Laid up? \_\_\_\_\_  Ashore  Afloat  
Is Boat Transported Over Land?  Yes  No How far? \_\_\_\_\_ How often? \_\_\_\_\_  
Type of Vessel:  Sailboat  Trawler  Cruiser  High Performance  Houseboat  Runabout  Other \_\_\_\_\_  
Does Yacht have:  Sleeping Quarters  Galley  Head  Radar  Compass  Depth Finder  SS Radio  Propane Live Aboard?  Yes  No  
 Loran  GPS  Head  Autopilot  Vapor Detection System  Built in CO2 or Halon System  Fire Extinguishers(##) \_\_\_\_\_  
Is Yacht of Fiberglass Construction?  Yes  No, Specify: \_\_\_\_\_ Fuel Type:  Gas  Diesel Max Speed: \_\_\_\_\_  
# Of Engines: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  Inboard  Outboard  I/O  Jet Total HP: \_\_\_\_\_ Any Chartered Use?  Yes  No  
Navigation Limits Requested: \_\_\_\_\_ Insurance ever Refused or Cancelled?  No  Yes, Reason: \_\_\_\_\_

### Please Read Before Signing Application:

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Applicant: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent's Firm: **ALT Insurance Group** Agent #: \_\_\_\_\_ Return Fax: **253-536-2403** Return E-mail: **Lafleurinsurance@aol.com**

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER**  
Binders expire 15 days from the effective date, unless payment is received by Premier Marine within the binder period.  
800 FIFTH AVENUE, SUITE 4100, SEATTLE, WASHINGTON 98104  
TOLL FREE LINE: **1-800-589-4208** FAX: **1-800-522-4461**