



**AMERICAN**  
MARINE INSURANCE

**American Marine Insurance**  
**2700 Newport Blvd., Ste. 190,**  
**Newport Beach, CA 92663**  
**Phone 800-228-6779**

Send to : [info@americanmarineinsurance.com](mailto:info@americanmarineinsurance.com)

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## MARINE INSURANCE APPLICATION

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### PERSONAL INFORMATION

Owner's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Co-Owner's Name \_\_\_\_\_  
Corporate Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Previously Owned Vessels: Length & Make \_\_\_\_\_  
Present Insurance Carrier \_\_\_\_\_ Effective Date Desired \_\_\_\_/\_\_\_\_/\_\_\_\_

### YACHT INFORMATION

Year \_\_\_\_\_ Make/Mfg. \_\_\_\_\_ Model \_\_\_\_\_ Beam \_\_\_\_\_ I/O  O/B  I/B   
Vessel Name \_\_\_\_\_ Type \_\_\_\_\_ State Reg. Or Doc. # \_\_\_\_\_  
Length Overall \_\_\_\_\_ Hull Material \_\_\_\_\_ Hull I.D. \_\_\_\_\_  
Engines: Mfg. \_\_\_\_\_ Year \_\_\_\_\_ Gas \_\_\_\_\_ Diesel \_\_\_\_\_ Turbo \_\_\_\_\_ Blower \_\_\_\_\_ S/C \_\_\_\_\_ Number of Engines \_\_\_\_\_  
Total Horsepower \_\_\_\_\_ Maximum Speed \_\_\_\_\_ Engine Serial Number(s) P \_\_\_\_\_ C \_\_\_\_\_ S \_\_\_\_\_  
Purchase Price \$ \_\_\_\_\_ Purchase Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is there a survey available? Yes  No  Date of Survey \_\_\_\_/\_\_\_\_/\_\_\_\_ Surveyed: Dry Dock  Afloat

\*If insured amount is greater than purchase price, a list of upgrades, with receipts, must be provided. **PLEASE ENCLOSE COPY OF SURVEY**

**WHERE WILL YOU BE USING THE BOAT?** \_\_\_\_\_  
\_\_\_\_\_

**BOAT LAY-UP/STORAGE PERIOD** From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_  Ashore  Afloat - Please Initial \_\_\_\_\_  
mm / dd mm / dd

### ON-BOARD EQUIPMENT - Please indicate what equipment is on board:

Built-In Co2/Halon \_\_\_\_\_ Loran \_\_\_\_\_ Sat. Nav. \_\_\_\_\_ GPS \_\_\_\_\_ Radar \_\_\_\_\_ VHF Radio \_\_\_\_\_ Depth Finder \_\_\_\_\_ E.P.I.R.B. \_\_\_\_\_ CB Radio \_\_\_\_\_  
Auto-Pilot \_\_\_\_\_ Offshore Raft \_\_\_\_\_ Weather Fax \_\_\_\_\_ CO Detector \_\_\_\_\_ # of Fire Extinguishers \_\_\_\_\_ Anti-Theft Devices on Board: \_\_\_\_\_

### TRAILER / DINGHY INFORMATION

Trailer: Mfg. \_\_\_\_\_ Year \_\_\_\_\_  
Value \$ \_\_\_\_\_ Serial # \_\_\_\_\_  
Dinghy: Mfg. \_\_\_\_\_ Year \_\_\_\_\_ Length \_\_\_\_\_  
Value \$ \_\_\_\_\_ State Registration # \_\_\_\_\_ Serial # \_\_\_\_\_  
Dinghy Motor: Mfg. \_\_\_\_\_ Year \_\_\_\_\_ Horsepower \_\_\_\_\_  
Value \$ \_\_\_\_\_ Serial # \_\_\_\_\_

*Please Complete Other Side*

**OWNER / ALL OPERATOR(S) INFORMATION**

Years Experience \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_

Any insurance losses or claims in the past? Yes  No  If yes, please describe in detail with dates & amounts on separate sheet.

Have you ever been convicted of a felony? Yes  No

Any automobile driving tickets in the past three years? Yes  No  If yes, list all tickets on separate sheet.

Have you ever been refused insurance or cancelled? Yes  No  If yes, please explain \_\_\_\_\_

Is this vessel currently listed for sale? Yes  No

Have you completed a basic boating safety course? Yes  No  USCG  PWR SQD  Other \_\_\_\_\_

Do you have a current Coast Guard Capt.'s License? Yes  No  Type \_\_\_\_\_

Commercial, Six-Pack or Charter Use? Yes  No  If yes, please explain \_\_\_\_\_

Any Paid Crew? Yes  No  Total Number \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Will there be an operator other than the owner? Yes  No  If yes, please complete below

Name \_\_\_\_\_ Age \_\_\_\_\_ Boating Courses Completed \_\_\_\_\_ DL Number \_\_\_\_\_ Years of Boating Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the vessel be used for any racing? Yes  No  If yes, please explain \_\_\_\_\_

Is the vessel a full time residence/liveaboard Yes  No  Maximum land transit towing distance from homeport: \_\_\_\_\_ miles

**LOSS PAYEE INFORMATION**

Finance Company Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

**Vessel's Summer Location / Home Port / Marina** \_\_\_\_\_ Slip # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Type of security: \_\_\_ Locked Building/Garage \_\_\_ Marina Slip with Security \_\_\_ Davits/Hydro Hoist \_\_\_ Locked & Fenced Yard

\_\_\_ Dry Rack Storage \_\_\_ Trailer Axle Locks

**Vessel's Winter Location / Home Port / Marina** \_\_\_\_\_ Slip # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Type of Security: \_\_\_ Locked Building/Garage \_\_\_ Marina Slip with Security \_\_\_ Davits/Hydro Hoist \_\_\_ Locked & fenced Yard

\_\_\_ Dry Rack Storage \_\_\_ Trailer Axle Locks

Outdrives secured with: \_\_\_ Anti-Theft Locks \_\_\_ Anti-Theft Straps \_\_\_ Anti-Theft Bolts

**DON'T FORGET TO SIGN YOUR APPLICATION**

All information requested by this application must be provided. If not applicable then please put N/A. Failure to accurately complete this application may affect your coverage. FRAUD WARNING (Required by law in certain states): Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. DISCLOSURE OF MATERIAL FACTS: Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the terms should be, or what premiums to charge. Failure to do so may render the insurance voidable from inception and enable the company to repudiate liability. By signing this form you agree to have your motor vehicle record and/or credit report ran for the purpose of securing financial responsibility coverage (insurance coverage).

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant \_\_\_\_\_

*Signing this document will acknowledge that the forgoing information is true and correct.*

