

Previous Declaration Number:

Name of Insured:

Assureds Mailing Address:

Vessel details:

Renewal Policy Period;

0.01hrs LST

1) COVERAGES

CURRENT COVERAGES	CURRENT LIMIT	REVISED COVERAGE
HULL PHYSICAL DAMAGE		
HULL DEDUCTIBLE		
TENDER/DINGHY		
MEDICAL PAYMENTS		
PERSONAL PROPERTY		
TRAILER		
BREACH OF WARRANTY		
THIRD PARTY LIABILITY		
PAID CREW LIABILITY		
COMMERCIAL PASSENGER LIABILITY		
UNINSURED BOATERS		
OTHER (PLEASE SPECIFY)		

- 2) Will your vessel be your full-time residence during the next policy period. Please circle as appropriate: **YES** or **NO**
- 3) Your last survey was <date from database> your next survey is due <date to be calculated> and should be performed <out or in> water. Please note that if an in water survey is requested you may be required to provide a divers inspection of the hull.
- 4) Do you require different navigation from that quoted on <quote number>? If so please detail below or attach an itinerary.

5) Please confirm that all persons (including paid Captains &/or Crew) operating the vessel during <dates of renewal policy> are listed below & that the details shown are correct. Please complete all missing information for each listed operator. Please delete any person(s) no longer required. If you wish to add any operators please ask your broker for a supplementary operators sheet.

ALL OPERATORS MUST BE DETAILED – IF THERE ARE MORE THAN TWO OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS						
A	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years		
1						
		Yrs of Boat Ownership		Yrs of Boating Experience		
		Boating Qualifications				
		Details of Previous vessels Owned/Operated				
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES please give details & amounts paid:				
		Have you ever been convicted of a criminal offence or pleaded no contest?				
		2	Full Name	Date of Birth	State of Residence	Violations/Suspensions (including Auto) in last 5 years
Yrs of Boat Ownership				Yrs of Boating Experience		
Boating Qualifications						
Details of Previous vessels Owned/Operated						
Have you been involved in a Loss in the last 10 years (insured or not)? If YES please give details & amounts paid:						
Have you ever been convicted of a criminal offence or pleaded no contest?						

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY.ANY PERSON OPERATING THIS VESSEL WITHOUT PROVIDING FULL DETAILS & RECEIVING WRITTEN ACCEPTANCE BY UNDERWRITERS WILL NOT BE COVERED.

- 6) Please advise your primary mooring location during the period 1st June to 1st November (full address including ZIP/Post code where available) also advise whether your vessel will be Afloat or Ashore. If you are unable to give a ZIP/Post code, please provide Longitude & Latitude.
Please do not enter 'as last year':

- 7) Have there been any other changes since your last signed application form? If so please detail below:

In order that we may make the required amendments to your renewal policy, we must have your signature giving us permission to do so.

Any misrepresentation in this application for renewal of 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.

Insured's signature

Date