



Headquarters  
70 Essex Road  
Westbrook, CT 06498  
860.399.2047

New Hampshire Office  
1117 Elm Street  
Manchester, NH 03101  
800.882.5414

Other Locations  
Concord, NC  
Lewis Run, PA  
Discovery Bay, CA

## HOUSEBOAT SUPPLEMENTAL APPLICATION

Vessel Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

1) Corporate name (if any): \_\_\_\_\_

2) Present Insurer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3) Vessel Info:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Length: \_\_\_\_\_ Construction:  Steel  F/G  Aluminum  Other \_\_\_\_\_

4) Has your vessel ever been part of a recall?  Yes  No If yes, which vessel: \_\_\_\_\_

5) Where is your exhaust port located?  Transom  Side  Top(stack)  Other \_\_\_\_\_

6) Is vessel equipped with the following (Y/N)?

Burglar Alarm  Yes  No

Carbon Monoxide (CO) Detector(s)  Yes  No If yes, how many: \_\_\_\_\_

Smoke Detector(s)  Yes  No If yes, how many: \_\_\_\_\_

Gasoline Vapor (Fume) Detectors  Yes  No

Emission Control Device with engine/generator shutdown  Yes  No

High Water Level Alarm  Yes  No

Engine High Temp. / Low Oil Pressure Shutoff  Yes  No

Automatic Fire Extinguishing System W/Manual Override  Yes  No

If no for any of the above, please explain: \_\_\_\_\_

10) Date of vessel's last survey: \_\_\_\_\_ Is vessel NMMA certified? \_\_\_\_\_

11) Are there any losses in past 5 years? (on any owned vessel):  Yes  No If yes, list Date, Type, Amount, and Status.

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_