

RACING SAILBOAT APPLICATION

OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Years Boating: _____ Years as Owner: _____ Years Racing: _____

Last three vessels owned. Please complete ALL categories:

Year	Length	Manufacturer	Model	Years Owned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a member of the US Sailing Association? Yes No If yes, Member #: _____

Loss History: *(Indicate "At fault" or "Not at fault"). If NONE, state NONE and initial.*

Has your insurance ever been cancelled, declined or non-renewed? Yes No If yes, explain:

BOAT INFORMATION

Builder: _____ Year Built: _____ Date Purchased: _____ Purchase Price: _____

Designer: _____ Model: _____ LOA: _____ Hull ID#: _____

Sail Number: _____ Boat Name: _____ Previous Name: _____ One Design Class: _____

Hull Material: _____ Mast Construction: _____ Mast Builder: _____

Rig Type: _____ Standing Rigging Material: _____ Spreaders: Swept Straight (inline)

Engine Manufacturer: _____ Engine Year: _____ Horsepower: _____

Most recent survey date: _____ Survey Market Value: _____

Attach survey, if available

RACING INFORMATION

Handicap Class: _____ What is the maximum distance from homeport? _____ miles

Approximate number of events per year: _____ *Attach itinerary*

Is this boat ever chartered? Yes No If yes, explain in detail:

Will this vessel be transported by Ocean Cargo? Yes No If yes, explain in detail:

Will this vessel be transported over land by the insured on its own trailer? Yes No

Will this vessel be transported over land by common carrier? Yes No

Will this vessel be transported on own bottom by other than insured or insured's captain? Yes No

NAVIGATION INFORMATION

Summer location: _____ Winter location: _____

Lay up dates: From: _____ To: _____ Lay up type: _____

Waters Navigated: _____

CREW DETAILS

Do you employ a Full Time Captain? Yes No Captain's Name: _____

How many crew are on board while racing? _____ How many crew are paid: _____

In the event of a claim, who is the primary contact? _____

Phone: () _____ Email: _____

ADDITIONAL EQUIPMENT

Tender: Yes No If yes, Make: _____ Model: _____ HP: _____

Is the tender in use while the primary vessel is participating in a racing event? Yes No

Cradle: Yes No If yes, Make: _____

Trailer: Yes No If yes, Make: _____

Container: Yes No Value: _____

LIENHOLDER - BANK NAME

Mortgagee: _____

Address: _____

City: _____ State: _____ Zip: _____

COVERAGES PROVIDED

Coverage	Amount of Insurance Requested
Hull.....	\$ _____
Liability.....	\$ _____
Medical Payments	\$ _____
Tender	\$ _____
Shore Side Equipment (\$10,000 value included)	\$ _____
Personal Effects.....	\$ _____
Trailer.....	\$ _____
Fuel Spill.....	\$ _____
Towing.....	\$ _____
Uninsured Boater.....	\$ _____
Total Premium: _____	Policy Effective Date _____

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGE.

- I agree that the Company may investigate and secure motor vehicle records for persons listed in this application.
- I declare that the statements contained in this application are true to the best of my knowledge and belief. The selections indicated in this application accurately reflect the limits, coverages and deductibles I desire.
- In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.
- Note that in connection with the placement of this insurance, Maritime General Agency will be compensated by the insurance provider.

I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements and information is true; and that these statements and information are offered as an inducement to the **Company** to issue the policy for which I am applying. It is agreed the information furnished herein shall be the basis of the contract for the policy issued.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____