

# MARINE INSURANCE APPLICATION

# CHUBB®

REQUESTED COVERAGE TYPE  Masterpiece Boat  Masterpiece Boat Select  Masterpiece Yacht  Masterpiece Yacht Select

## INSURED INFORMATION

Contract ID:

POLICY TO BE ISSUED IN THE NAME OF:			NAME OF BENEFICIAL OWNER (IF DIFFERENT) / ADDITIONAL OWNER		
RESIDENCE ADDRESS			RESIDENCE ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTRY/PROVINCE			COUNTRY/PROVINCE		

## OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN	PRIMARY OWNER'S EMAIL	PRIMARY OWNER'S MARITAL STATUS	PRIMARY OWNER'S HOME OWNERSHIP/RESIDENCE STATUS		
		Select One	Select One		
PRIMARY OWNER'S PHONE NUMBER	PRIMARY OWNER / BENEFICIAL OWNER'S OCCUPATION		PRIMARY OWNER / BENEFICIAL OWNER'S EMPLOYER OR NAME OF OWNED BUSINESS		
DOES PRIMARY OPERATOR HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)		IS THERE A PAID CAPTAIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH RESUME)		DOES CAPTAIN HOLD A USCG LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)	
				TOTAL # OF PAID CREW (INCL. CAPTAIN)	
REGULAR OPERATOR NAME(S)	D/O/B	DRIVER LICENSE # / STATE	BOATING COURSES	#YRS BOATS OWNED	PREVIOUSLY OWNED VESSELS (LENGTH / MAKE / MODEL)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## LOSS & INSURANCE HISTORY

DOES PRIMARY OWNER(S) CURRENTLY HAVE INSURANCE FOR THIS VESSEL? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREVIOUS / CURRENT INSURANCE COMPANY NAME AND PREMIUM:
HAS OWNER EVER HAD INSURANCE CANCELLED, NON-RENEWED OR DECLINED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GIVE COMPANY NAME(S), DATE(S) AND REASON(S):
HAS ANY OWNER OR OPERATOR SUSTAINED ANY MARINE CLAIMS OR LOSSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PROVIDE COMPANY NAMES, DATE(S) OF LOSS/CLAIM, CAUSE AND AMOUNT PAID:
DOES VESSEL HAVE UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES PROVIDE DETAILS:

## VESSEL & EQUIPMENT INFORMATION

YEAR BUILT	LENGTH (FEET)	BUILDER/MANUFACTURER	MODEL NAME	VESSEL TYPE	
				Select One	
PURCHASE PRICE	PURCHASE DATE	HULL ID / DOCUMENTATION #	VESSEL'S NAME	MAXIMUM SPEED (MPH)	
\$					
HULL MATERIAL		LAST MARINE SURVEY DATE		MAST MATERIAL (IF SAILBOAT)	
Select One				Select One	
ENGINE/PROPULSION DRIVE SYSTEM:		# OF ENGINES	TOTAL H.P./CC's	FUEL TYPE	
Select One				Select One	
ENGINE MANUFACTURER		YR BUILT	H.P. EACH	ENGINE SERIAL NUMBERS (OUTBOARD ONLY)	
EQUIPMENT (check all that apply)					
<input type="checkbox"/> Built-in Auto Fire Extinguishing System		<input type="checkbox"/> Fume Detector			
<input type="checkbox"/> Carbon Monoxide Detector		<input type="checkbox"/> Alarm/Monitoring System:			
TRAILER MANUFACTURER		YEAR BUILT	PURCHASE DATE	TRAILER VALUE	TRAILER SERIAL NUMBER
			(mm/yy)	\$	

Named Insured: \_\_\_\_\_ Contract ID: \_\_\_\_\_

**OWNERSHIP/OPERATION OF VESSEL**

WATERS TO BE NAVIGATED	
LAY UP PERIOD (NOT APPLICABLE IF REQUESTED POLICY TYPE IS BOATSMAN)	
From: (mm/dd) To: (mm/dd)	IF LAID UP, VESSEL IS DECOMMISSIONED
Select One	
BERTH/MOORING LOCATION OF VESSEL (JUNE - NOVEMBER)	
Marina Name:	<input type="checkbox"/> Afloat @ Dock/Slip <input type="checkbox"/> Afloat @ Mooring
Mooring Address:	<input type="checkbox"/> On Hydraulic Lift <input type="checkbox"/> On Trailer
Mooring City: Mooring State:	<input type="checkbox"/> Rack Storage (Inside) <input type="checkbox"/> Rack Storage (Outside)
Mooring Zip Code: Country:	<input type="checkbox"/> On Jack Stands or Stilts <input type="checkbox"/> Other
BERTH/MOORING LOCATION OF VESSEL (DECEMBER - MAY)	
BERTH/MOORING TYPE FROM DECEMBER - MAY (check one)	
Marina Name:	<input type="checkbox"/> Afloat @ Dock/Slip <input type="checkbox"/> Afloat @ Mooring
Mooring Address:	<input type="checkbox"/> On Hydraulic Lift <input type="checkbox"/> On Trailer
Mooring City: Mooring State:	<input type="checkbox"/> Rack Storage (Inside) <input type="checkbox"/> Rack Storage (Outside)
Mooring Zip Code: Country:	<input type="checkbox"/> On Jack Stands or Stilts <input type="checkbox"/> Other
VESSEL IS: (check all that apply)	
<input type="checkbox"/> Raced in other than club races	<input type="checkbox"/> Lived aboard on a permanent / semi-permanent basis
<input type="checkbox"/> Bareboat Chartered days/year	<input type="checkbox"/> Chartered w/ Captain/Crew days/year, with passengers (max).
<input type="checkbox"/> Used for other commercial purposes (attach details)	<input type="checkbox"/> Owned by more than two individuals/entities

**INSURANCE COVERAGE REQUESTED**

**EFFECTIVE DATE OF COVERAGE:**

Primary Coverage	Limit	Deductible	Supplemental Coverage
Property Damage Coverage	\$	\$ *	(THIS FIELD FOR COMPANY USE ONLY)
Liability Coverage (incl. Pollution <sup>1</sup> )	\$		
Medical Payments	\$		
Uninsured Boater	\$		
L&HCA	Statutory Limits		
Trailer	\$	\$	
Personal Property	\$	\$	
Emergency Towing & Service	\$		
Tender/Dinghy	\$	\$	
Paid Crew	\$		
<small>*Note: Separate windstorm deductible may apply based on the navigation area and mooring state.  <sup>1</sup>If Liability Coverage applies, Pollution Liability amount meets the owner's statutory liability as specified in the Oil Pollution Act of 1990 and any subsequent amendments.</small>			

SPECIAL CONDITIONS / OTHER COVERAGES

