

MARINE MGA, INC.

COMMERCIAL WATERCRAFT APPLICATION

Insured: _____

Address of Insured: _____

Effective Date: _____ (12:01 A.M.) Name of Vessel: _____

	COVERAGE	LIMITS OF LIABILITY	PREMIUM
	Indicate Coverage Desired	HULL	\$ _____
PROTECTION AND INDEMNITY		\$ _____	Each Occurrence
SUPPLEMENTAL COVERAGES		<input type="checkbox"/> V&MM <input type="checkbox"/> WAR RISK <input type="checkbox"/> Other <input type="checkbox"/> BREACH OF WARRANTY \$ _____ \$ _____ <input type="checkbox"/> Jones Act (Crew Coverage) \$ _____ No. of Crew _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____

DEDUCTIBLE: HULL: \$ _____ P & I: \$ _____ **TOTAL:** _____

V
E
S
S
E
L
B
U
I
L
D
E
R:
 Builder: _____ Year: _____ Length: _____
 Hull Material: _____ Type of Vessel: _____ I.D. #: _____
 Cost To Present Owner: _____ Date Purchased: _____
 Loss Payee: _____ Amount of Mortgage: _____
 Address: _____ City: _____ State: _____ Zip: _____

E
N
G
I
N
E
S:
 #1-Year Built: _____ H.P.: _____ Fuel: _____ Manufacturer: _____
 #2-Year Built: _____ H.P.: _____ Fuel: _____ Manufacturer: _____
 Either Rebuilt? _____ If So, When? _____ Coolant: _____
 No. of Hours-Each Engine: _____ Turbocharged? _____

G
E
N
E
R
A
L:
 Describe Commercial Activity: _____
 Navigation Area: _____
 Layup Period: From: _____ (12:01 A.M.) To: _____ (12:01 A.M.) Is Vessel: Hauled
 Any Overnight Trips? _____ If Yes, Explain: _____ Dockside
 Principal Place of Mooring: _____ On Mooring
 When and By Whom was Vessel Last Surveyed? _____
 Have All Surveyor's Recommendations Been Completed? _____
 Experience of Operator: _____ Valid Coast Guard License? _____
 Any Maine Claims in the Past 3 Years? _____
 Has Insurance Ever Been Canceled or Non-Renewed? _____ If So, Why? _____
 Present Insurance Carrier: _____

E
Q
U
I
P
M
E
N
T:
 Marine Electronics: Depth Finder Radio Telephone Loran Radar SSB EPIRB
 Fire Extinguishers: No. and Type of Extinguishers: _____
 Date Weighed & Tagged: _____ Alarm at Helm? _____
 Automatic CO2 System? _____ Date Last Serviced: _____
 Safety Equipment: Life Jackets For All Persons? _____ Survival Suits? _____
 Certified Life Raft? _____ Additional Equipment: _____
 Galley: Cooking Stove Fuel: _____ Fire Extinguisher Present? _____

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.

Applicant's Signature: _____ AGENT: _____