

Commercial Watercraft Application

J. Edward Knight & Co.

EST. 1898

INSURANCE

Insured: _____

Address: _____

Effective Date: _____ Name of Vessel: _____

COVERAGES / LIMITS / PREMIUMS			
Coverage	Limit		Premium
Hull	Agreed Value		
Protection & Indemnity	Each Occurrence		
Supplemental Coverages	<input type="checkbox"/> Excess Collision	\$ _____	
	<input type="checkbox"/> Breach of Warranty	\$ _____	
	<input type="checkbox"/> Crew Coverage Number of crew _____		
	<input type="checkbox"/> Pollution	\$ _____	
	<input type="checkbox"/> Other _____	\$ _____	
Deductibles:	Hull: \$ _____ P&I: \$ _____ Electronics: \$ _____	Total: _____	

VESSEL INFORMATION			
Builder: _____	Year: _____	Length: _____	
Hull Material: _____	Type of Vessel: _____	ID #: _____	
Cost to Present Owner: _____	Date Purchased: _____		
Loss Payee: _____			
Address: _____	City: _____	State: _____	Zip: _____

ENGINE INFORMATION			
#1 Year Built: _____	HP: _____	Fuel: _____	Manufacturer: _____
#2 Year Built: _____	HP: _____	Fuel: _____	Manufacturer: _____
Either Rebuilt? _____	If yes, when? _____	Coolant: _____	
No. of Hours-Each Engine: _____	Turbocharged? _____		

GENERAL INFORMATION			
Describe Commercial Activity: _____			
Navigation Area: _____			
Lay-up Period: From: _____ (12:01 AM)	To: _____ (12:01 AM)	Vessel is:	<input type="checkbox"/> Hauled
Overnight Trips: _____	Explain: _____		<input type="checkbox"/> Dockside
Principal Place of Mooring: _____			<input type="checkbox"/> On Mooring
Date of Last Survey: _____	By Whom: _____		
All Surveyors Recommendations Completed?: _____			
Experience of Operator: _____	Coast Guard License: _____		
Marine Claims in Last 3 Years: _____	If yes, explain: _____		
Insurance Cancelled or Non-Renewed: _____			
Present Insurance Carrier: _____			

EQUIPMENT			
Marine Electronics:	Depth Finder <input type="checkbox"/>	Radio <input type="checkbox"/>	Chart Plotter <input type="checkbox"/>
	GPS <input type="checkbox"/>	Radar <input type="checkbox"/>	SSB <input type="checkbox"/>
	EPIRB <input type="checkbox"/>		
Fire Extinguishers:	Number: _____	Type: _____	
	Date Weighed & Tagged: _____	Alarm at Helm? _____	
	Auto 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: _____	
Skiff:	Year: _____	Make / Model: _____	Length: _____
Outboard:	Year: _____	Make / Model: _____	Length: _____ HP: _____

SIGNATURE	
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: _____	Date: _____