

MARINERS GENERAL INSURANCE GROUP

204 Riverside Avenue, Newport Beach, CA 92663-4011
(949) 642-5174 Phone • (949) 642-0252 Fax • (800) 992-4443 Toll-Free

License 0D36887

Insured(s) DOB

Address

City State Zip

Day Phone Eve Phone Cellular

Driver's License # State SSN

Occupation Policy Effective Date

Boating Experience

Years Boating Experience # Years Boat Ownership

Prior Vessels Owned

Boating Education USPS USCG Auxiliary Captain License#

Other Operators

Name DOB # Years Boating Experience

Boating Education USPS USCG Auxiliary Captain License#

Name DOB # Years Boating Experience

Boating Education USPS USCG Auxiliary Captain License#

(please submit separate sheet of other operators if necessary)

Loss & Insurance History

Have you ever had your insurance cancelled, declined or non-renewed? Yes No
Please explain

Have you any marine losses in the past? Yes No

Date Description Amount

Previous Vessel Insurance Co. Exp. Date: Premium

Vessel Description

Year Length Builder Model

Vessel Name Hull ID#

Reg/Doc #

Hull Type Hull Material Mast Material

Purchase Information New Used Date Price

Any prior damage to the vessel? Yes No If yes, please explain below

A recent survey and photo may be required to obtain coverage. Please include a copy if available.

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Engine(s) & Motor(s)

Fuel	Maximum Speed		Weight of Vessel	
Eng1 Mfg	Eng1 Type	Year	HP	Serial#
Eng2 Mfg	Eng2 Type	Year	HP	Serial#
Eng3 Mfg	Eng3 Type	Year	HP	Serial#

Safety Equipment

Auto. Fire Ext.	GPS	EPIRB	Weather Fax
Radar	Fathometer	Liferaft	VHF
SSB	Ham		

Tender(s)

1. Year	Length	Manufacturer	Serial #	Value	
Engine Mfg		Year	HP	Serial #	Value
2. Year	Length	Manufacturer	Serial #	Value	
Engine Mfg		Year	HP	Serial #	Value

Trailer

Year	Manufacturer	Serial #
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Yacht Use (check below as applicable)

Yacht Raced?	If yes, what %	Yacht Used for Water Ski?
Yacht Transported Over Land?	#Miles?	Commercial/Charter Use?
Yacht Used for Scuba Diving?	For Residence?	If yes, what?%

Explain

Navigation Limited Required

Name of Marina

Address of Marina

City

State

Zip

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Insurance Coverages Desired

Hull & Machinery
Electronics Deductible
Windstorm Deductible
Protection & Indemnity
Medical Payments
Uninsured Boater
Personal Effects
Towing & Assistance
Trailer
Tender(s)
Other

Deductibles

The Fair Credit Reporting Act

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 damages.

I agree the company may investigate and secure motor vehicle records for persons listed in this application. 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. 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.

Applicant Signature _____

Date _____

My (the producer) signature verifies that all the information on this application has been obtained by me from the applicant and that I have no cause to doubt that the information is truthful.

Applicant Signature _____

Date _____