



CHARTER VESSEL APPLICATION

INSURED INFORMATION

Named Insured: _____
Owner's Name: _____
Corporate Name (if Any): _____
Is Corporation for Sole Purpose of Ownership of Vessel? Yes No
If No, Please Explain: _____
Address, City, State: _____
Phone: Home: _____ Business: _____ Email: _____
Website: _____
Year Business Started: _____
Policy Period From: _____ To: _____

Prior Vessels Owned or Operated

Year	Type	Length	How Long Owned

VESSEL INFORMATION

Vessel Name: _____
Year: _____ Make: _____ Model: _____
Length: _____ Construction: Steel Fiberglass Wood Aluminum Other: _____
Hull ID/Serial Number: _____ Replacement Cost: _____
Has Vessel Been Coast Guard Inspected? Yes No If Yes, How Many Passenger is it Certified For? _____
Doc. Number: _____ Is Vessel More Than 6 Passenger? Yes No
Date of Vessel's Last Survey: _____ Surveyed by Whom: _____
Purchase Date: _____ Purchase Price: _____ Amount Financed: _____
Loss Payee: _____
Address: _____

ENGINE INFORMATION

Year: _____ H.P. Per Engine: _____ Max Speed: _____
Number: Single Twin Type: Gas Diesel
Manufacturer: _____ Serial Numbers: P _____ S _____
Is Vessel Equipped With the Following?
High Water Level Alarm (Outboard Only): Yes No
Fume Detectors: Yes No
Automatic Fire Extinguishing System With Manual Override: Yes No

NAVIGATION DETAILS

Maximum Number of Passengers on Any One Trip: _____

Home Port: _____ Marina Private Residence Other: _____

Waters Navigated: _____

Type of Charters: _____ Any Overnight Charters? Yes No

Do Passengers Swim, Snorkel, Scuba Dive or Water Ski From the Insured Vessel? Yes No

If Yes, Please Explain: _____

Average Number of Charters Per Year: _____

Lay Up Period (if Any): From: _____ To: _____ On Land In Water

If Lay Up Period, Give Location: _____

Is This Vessel Being Held for Sale? Yes No

CAPTAIN INFORMATION

Is Vessel Captain Owned? Yes No Total Number of Crew: _____

Captain Name: _____ D.O.B. _____ Years With Insured: _____

Prior Experience: _____

Does Captain Have a Current USCG "Operator of Uninspected Passenger Vessel License"? Yes No

Other Licenses and Certifications: _____

CREW INFORMATION

Please Complete for Each Crew Member:

Name	Job Description	Years With Insured

COVERAGES

Types of Coverages	Limit	Deductible
Hull	\$	\$
Trailers	\$	\$
Personal Effects	\$	\$
P&I	\$	\$
Towing	\$	\$
Uninsured Boaters	\$	\$
Fuel Spill Liability	\$	\$
Med Pay	\$	\$

PREMIUM AND LOSS HISTORY

Year	Premiums Paid	Losses Paid	Number of Claims	Details of Accident

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has Any Company Ever Cancelled Insurance for This Owner? Yes No

If Yes, With What Company and on What Terms? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



MASSACHUSETTS
50 Salem Street
Building B • 3rd Floor
Lynnfield, MA 01940
781-295-0270

VIRGINIA
7130 Glen Forest Drive
Suite 405
Richmond, VA 23226
804-644-5600

www.isr-insurance.com