

PORT RISK POLICY APPLICATION

DATE _____

A. GENERAL INFORMATION

A. Account Name _____

Address: _____

City / State / Country: _____ Postal Code: _____

Website: _____ Phone: _____

B. Insurance Agent or Broker: _____

Address: _____

City / State / Country: _____ Postal Code: _____

Email: _____ Phone: _____

OWNER _____ CURRENT UNDERWRITER _____

VESSEL(S) NAME _____ LENGTH _____ YEAR _____ TYPE _____

AGREED VALUE _____ INSURED VALUE _____

REQUESTED P&I LIMIT _____

DOES VESSEL HAVE A MORTGAGE? ____ YES ____ NO

IF YES (MORTGAGE AMOUNT AND LENDING INSTITUTION) _____

VESSEL WILL NOT BE USED AND IS: ____ UNDER CONSTRUCTION ____ BEING RESTORED
____ OTHER

IF OTHER (EXPLAIN)

WHERE IS VESSEL LOCATED?

(ADDRESS) _____

DOES VESSEL HAVE A CURRENT SURVEY? ____ YES ____ NO

IF YES, PLEASE ATTACH (INCLUDE VESSEL IMAGES WITH SURVEY) _____

DESCRIPTION OF VESSEL(S) STORAGE FACILITY

HOW LONG HAS VESSEL(S) BEEN PORT RISK?

SECURITY PROVISIONS AT FACILITY (DETAIL)

LOCATION AND DISTANCE OF NEAREST FIRE
DEPARTMENT _____

IS VESSEL FOR SALE? ____ YES ____ NO IF YES, ASKING PRICE _____

HOW OFTEN IS VESSEL CHECKED? _____

BY WHOM? _____

IS VESSEL LIT? _____

VESSEL IS: ____ AFLOAT ____ ASHORE

IS VESSEL INSIDE LEVY/FLOOD PROTECTED AREA? ____ YES ____ NO

IF AFLOAT, DOES THE VESSEL HAVE: *MANUAL* BILGE PUMPS? ____ YES ____ NO
HOW MANY? _____

AUTOMATIC BILGE PUMPS? ____ YES ____ NO CAPACITY _____ HOW MANY? _____

IF AFLOAT, IS THE VESSEL AT DOCK MOORING?

HOW IS VESSEL MOORED? _____

IS VESSEL USED TO STORE CARGO AND/OR AS A STORESHIP? ____ YES ____ NO

IF YES (EXPLAIN) _____

IS VESSEL USED AS A LIVEBOARD? _____ YES _____ NO

IF YES (EXPLAIN) _____

IF AFLOAT, ARE ALL THRU HULL VALVES CLOSED? _____ IF NOT,
WHY? _____

IF AFLOAT, ARE ALL OTHER HULL PENETRATIONS AND CONNECTING HOSES (EXHAUST, HEAD,
COCKPIT DRAINS, INTAKE, ETC.) PROPERLY INSTALLED? _____

IF NOT PLEASE DESCRIBE
INSTALLATION _____

DOES VESSEL HAVE A HURRICANE/NAMED WINDSTORM PLAN? _____ YES _____ NO

IF YES, PLEASE DESCRIBE _____

ATTACH DETAILS TO ANY ABOVE ANSWER, AS NEEDED

PORT RISK COVERAGE FOR THE ABOVE DESCRIBED VESSEL IS HEREBY REQUESTED. THE UNDERSIGNED OWNER CERTIFIES THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT AND UNDERSTANDS THAT PORT RISK INSURANCE EXCLUDES ANY COVERAGE FOR NAVIGATION OR MOVEMENT OF THE BOAT IN THE WATER VIA TOWING, ITS OWN POWER OR SAIL, OR ANY OTHER MEANS WITHOUT PRIOR WRITTEN APPROVAL FROM UNDERWRITERS.

Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Signature of Broker