

**MARINE MGA, INC.
COMMERCIAL WATERCRAFT APPLICATION**

Insured: _____

Address of Insured: _____

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

	COVERAGE	LIMITS OF LIABILITY		PREMIUM
	HULL	\$	AGREED VALUE	
Indicate Coverage Desired	PROTECTION AND INDEMNITY	\$ _____	Number of Crew _____ Each Occurrence _____	_____
	SUPPLEMENTAL COVERAGES	<input type="checkbox"/> V&MM <input type="checkbox"/> Other <input type="checkbox"/> WAR RISK <input type="checkbox"/> Breach of Warranty \$ _____ <input type="checkbox"/> Jones Act (Crew Coverage)		_____

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

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

ENGINES	#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 _____

GENERAL INFORMATION	Describe Commercial Activity _____
	Navigation Area: _____
	Layup Period: From: _____ (12:01 A.M.) To: _____ (12:01 A.M.) Is Vessel: <input type="checkbox"/> Hauled
	Any Overnight Trips? _____ If Yes, Explain: _____ <input type="checkbox"/> Dockside
	Principal Place of Mooring _____ <input type="checkbox"/> 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 Marine Claims in the Past 3 Years? _____	
Has Insurance Ever Been Cancelled or Non-Renewed? _____ If So, Why? _____	
Present Insurance Carrier: _____	

EQUIPMENT	Marine Electronics: Depth Finder <input type="checkbox"/> Radio Telephone <input type="checkbox"/> Loran <input type="checkbox"/> Radar <input type="checkbox"/> SSB <input type="checkbox"/> EPIRB <input type="checkbox"/>
	Fire Extinguishers: No. and Type of Extinguishers: _____
	Date Weighed & Tagged: _____ Alarm at Helm: _____
	Automatic CO ₂ 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? _____	

I HEREBY DECLARE THAT I HAVE PERSONALLY READ THIS APPLICATION AND I DECLARE THE STATEMENTS MADE ARE TRUE. I UNDERSTAND THIS IS NOT A BINDER OF INSURANCE. 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.

AGENT'S NAME : _____

& ADDRESS: _____

Signature of Applicant _____

AGENCY NO. _____ DATE _____