

Scott Sky Smith
518 SW 3rd Street, Suite B, Ankeny, Iowa 50021

WATERCRAFT INSURANCE APPLICATION

Voice: (800) 743-1439 * (515) 289-1439 * Fax (515) 864-0334

INSURED'S NAME(S)		Home Phone	Work Phone	Cell Phone	E-mail
ADDRESS		CITY	STATE		ZIP
HULL:	YEAR	LENGTH	MANUFACTURER	MODEL/TYPE	NAME OF VESSEL
					ID NUMBER
ENGINE(S):	FUEL	MANUFACTURER	YEAR	HORSEPOWER	ID NUMBER
					TOP SPEED
					<input type="checkbox"/> Fume Detector
					<input type="checkbox"/> Fixed Fire System
					Engine Type: <input type="checkbox"/> I/O
					<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard
*TRAILER:			*DINGHY:		
YEAR MANUFACTURER ID NUMBER			YEAR LENGTH MANUFACTURER ID NUMBER		
<input type="checkbox"/> Single <input type="checkbox"/> Tandem <input type="checkbox"/> Triple			ENGINE:		
			YEAR MANUFACTURER H.P. ID NUMBER		
*INFORMATION MUST BE PROVIDED TO SCHEDULE TRAILER.			*INFORMATION MUST BE PROVIDED TO SCHEDULE DINGHY.		
HULL VALUE:	\$	DEDUCTIBLE:		P & I LIABILITY:	\$
MEDICAL:	\$	PERSONAL PROPERTY:	\$	UNINSURED BOATERS:	\$
TENDER:	\$	TRAILER:	\$	TOWING:	\$
PAID CREW:	\$	ELECTRONICS DEDUCTIBLE:	\$	CHARTER:	\$
OTHER:	\$				

GENERAL INFORMATION

Storage/Mooring Location: _____ Zip Code: _____

Purchase Price: _____ Date of Purchase: _____ Slip#: _____

Lay-Up Period: _____ to _____ Hull Material: _____

Date of Last Survey: _____ Dry Wet Date Last Hauled: _____

Name of Paid Crew: _____

Yard Bills Attached: Yes No Paid Crew: Yes No

Is Boat Used Commercially: Yes No Live Aboard: Yes No

Where will the boat be kept? Locked Garage Carport
 Moored Fenced, Locked Yard

Any alterations to motor or boat? _____ Stock Engines? _____

ADDITIONAL INSURED:

Mailing Address: _____

City, State, Zip: _____

LENDER: _____

Mailing Address: _____

City, State, Zip: _____

NAVIGATIONAL LIMITS: _____

OWNER/OPERATOR RESUME

Years of Experience: _____ Courses Completed: USPS USCG Other

Speeding Tickets: _____ DUI: Yes No Youthful Operators: Yes No

Prior Boats Owned: _____

Driver's License #: _____ State: _____

Social Security #: _____ D.O.B.: _____

Owner's Occupation: _____

Losses? Yes No Year of Loss: _____ Total Paid Out: _____

Brief Description: _____

Additional Operators: (Attach additional page if necessary.)

1. _____ Losses? Yes No
Name D.O.B. DL# Exp.

2. _____ Losses? Yes No
Name D.O.B. DL# Exp.

If yes, brief description: _____

I hereby apply for insurance and I agree the policy shall be null and void if such information is false, misleading, or would materially affect acceptance by the company.

Applicant's Signature: _____ **Date** _____

NOTICE TO INSURED: An investigation may be made as to your insurability, including, if applicable, information as to character, general reputation, personal characteristics, and mode of living. Additional information as to the nature and scope of any investigation will be furnished to you, upon written request made within a reasonable time after this notice.