

Section 10 – VESSEL INFORMATION

IMPORTANT: Complete 1 page for each group of vessels that are used for the same purpose, in the same navigation, have the same vessel type, and the same coverage. Use additional pages as needed.

Vessel Usage:									
IN SEASON LOCATION									
Facility/Marina Name:									
Facility/Marina Address:									
Is any vessel kept on a mooring buoy? <input type="checkbox"/> Yes <input type="checkbox"/> No									
LAY-UP/STORAGE LOCATION									
Lay-Up Dates:		From:		To:		Lay-Up Type:		<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat <input type="checkbox"/> On a Lift	
Lay-Up Address:									
NAVIGATION									
Navigation Area Desired:									
If coastal, # of miles offshore: <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200									
VESSEL #1									
Year:		Length:		Manufacturer:			Model:		
Hull Material:			Hull ID# (HIN):			# of Engines:		Total HP:	
Hull Type:			Propulsion:			Engine Serial #'s: <small>(if outboard)</small>			
Safety Equipment: <input type="checkbox"/> EPIRB <input type="checkbox"/> Life Raft <input type="checkbox"/> CO/Smoke Detector <input type="checkbox"/> Fixed Fire Suppression <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder									
Total Value (Vessel w/Engines):						Liability Only Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss Payee Name & Address:									
Trailer Year:		Manufacturer:			Value:				
VESSEL #2									
Year:		Length:		Manufacturer:			Model:		
Hull Material:			Hull ID# (HIN):			# of Engines:		Total HP:	
Hull Type:			Propulsion:			Engine Serial #'s: <small>(if outboard)</small>			
Safety Equipment: <input type="checkbox"/> EPIRB <input type="checkbox"/> Life Raft <input type="checkbox"/> CO/Smoke Detector <input type="checkbox"/> Fixed Fire Suppression <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder									
Total Value (Vessel w/Engines):						Liability Only Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss Payee Name & Address:									
Trailer Year:		Manufacturer:			Value:				
VESSEL #3									
Year:		Length:		Manufacturer:			Model:		
Hull Material:			Hull ID# (HIN):			# of Engines:		Total HP:	
Hull Type:			Propulsion:			Engine Serial #'s: <small>(if outboard)</small>			
Safety Equipment: <input type="checkbox"/> EPIRB <input type="checkbox"/> Life Raft <input type="checkbox"/> CO/Smoke Detector <input type="checkbox"/> Fixed Fire Suppression <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder									
Total Value (Vessel w/Engines):						Liability Only Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss Payee Name & Address:									
Trailer Year:		Manufacturer:			Value:				

In areas where a wind deductible applies, the hull value needs to be greater than the wind deductible. The windstorm deductible will be the maximum of 2 times the stated deductible or 5% of the unit value, whichever is greater.