

COVERAGE REQUIREMENTS

Coverage	Limits	Deductible	Premium
Hull	\$ _____	\$ _____	\$ _____
Protection & Indemnity	\$ _____	\$ _____	\$ _____
Medical Payments	\$ _____	\$ _____	\$ _____
Personal Effects	\$ _____	\$ _____	\$ _____
Fine Arts Coverage*	\$ _____	\$ _____	\$ _____
Toys/ Scuba Gear	\$ _____	\$ _____	\$ _____
War Risk P/I and or H&M	\$ _____	\$ _____	\$ _____
Towing	\$ _____	\$ _____	\$ _____
Uninsured Boaters	\$ _____	\$ _____	\$ _____

* Coverage for Fine Arts is included up to \$25,000 unscheduled. A schedule must accompany this application for any amount over \$25,000 coverage.

- Breach of Warranty
- Charter Coverage

TENDERS / PERSONAL WATERCRAFT - 1% of hull value included

Mfr.: _____	H.P.: _____	Length: _____	Year: _____	Value: _____
Mfr.: _____	H.P.: _____	Length: _____	Year: _____	Value: _____
Mfr.: _____	H.P.: _____	Length: _____	Year: _____	Value: _____
Mfr.: _____	H.P.: _____	Length: _____	Year: _____	Value: _____

Are any vessels being towed? No Yes - Max Length 35'. If yes, attach towing questionnaire.

Breach of Warranty Amount of Loan: _____

Charter Coverage Details on Charter: _____

Is there a Charter Management Company? Yes No

Liveaboard as Primary Residence? Yes No

LOSS PAYEE INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

PRODUCER INFORMATION

Producer Code: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Agent Signature: _____ Date: _____

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 MPG 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 issuance.

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.

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: _____