

## LOBSTER BOAT APPLICATION

1. Owner: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Vessel: \_\_\_\_\_
4. A. Mortgagee and Address: \_\_\_\_\_  
\_\_\_\_\_
- B. Amount of Mortgage: \$ \_\_\_\_\_
5. Market Value: \$ \_\_\_\_\_ Replacement Cost: \$ \_\_\_\_\_
6. A. When built? \_\_\_\_\_
- B. Where Built? \_\_\_\_\_
- C. By Whom? \_\_\_\_\_
7. Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_ Material: \_\_\_\_\_
8. When purchased? \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_
9. Is vessel surveyed?  Yes  No If yes, by whom (attach copy)? \_\_\_\_\_
10. A. Make of Engine: \_\_\_\_\_ Fuel: \_\_\_\_\_ When built? \_\_\_\_\_
- B. No. of Cylinders: \_\_\_\_\_ H.P.: \_\_\_\_\_ Cost of Engine: \$ \_\_\_\_\_
11. Areas to be navigated: \_\_\_\_\_
12. A. Which months, if any, laid up? \_\_\_\_\_ Where laid up: \_\_\_\_\_
- B. In water or ashore? \_\_\_\_\_ Homeport: \_\_\_\_\_
13. A. Is vessel owner operated?  Yes  No If no, please explain: \_\_\_\_\_
- B. Detail experience of Operator:  
\_\_\_\_\_  
\_\_\_\_\_
14. Is vessel used for other purposes than Lobstering?  Yes  No If yes, please explain: \_\_\_\_\_
15. Are you presently insured?  Yes  No If yes, by whom? \_\_\_\_\_
16. Give loss experience last five years on this or other vessels:  
\_\_\_\_\_  
\_\_\_\_\_
17. Coverage:
  - A. Hull Amount: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_
  - B. Protection & Indemnity: \$ \_\_\_\_\_ Crew Coverage: \$ \_\_\_\_\_  
Number of Crew Members: \_\_\_\_\_ Survival Suits used? \_\_\_\_\_
  - C. War Risk: \$ \_\_\_\_\_

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: \_\_\_\_\_