

Prime Time High Performance Vessel Insurance Application

3250 N. 29th Avenue, Hollywood, FL 33020

Tel: (954) 653-2852 Fax: (954) 525-1183

Named Insured:				Date of Birth:			
If Corporate, Beneficial Owner:				Occupation:			
Street Address:				Phone Number:			
City, State, Zip:				Home:			
				Work:			
				Cell:			
VESSEL INFORMATION							
Year Built:	Length:	Manufacturer/Builder:		Model:		Hull ID Number:	
Name of Yacht:		State Registered: Yes No		Vessel Flag:		Date Purchased:	Purchase Price:
		Registration #					
Type: <input type="checkbox"/> Mono hull <input type="checkbox"/> Cat Hull <input type="checkbox"/> Other :		Construction: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Kevlar/Carbon Fiber <input type="checkbox"/> Other::			Use: Private Pleasure Charter If Charter is requested you must complete the Charter Supplemental Application.		
Engine Manufacturer / Model:			Year Built:		Serial Number(s):		
Fuel Type:	Propulsion:		Engine(s):		Horsepower (each):	Fuel Tanks:	Drive Manufacturer:
Diesel	Inboard <input type="checkbox"/> Jet Drive		Single			Metal	
Gas	Outboard <input type="checkbox"/> Turbine		Twin			F/G	Wet or Dry Sump:
Jet Fuel	I / O <input type="checkbox"/> Surface Drive		Triple		Max Speed (MPH):		
	Pod Drive <input type="checkbox"/>		Quad				
Navigation:							
Radar GPS Depth Finder Auto Pilot VHF Radio							
Safety Equipment/ Security:							
Auto Fire Ext. Fume Detector # of Hand Held Fire Extinguishers Engine Alarm Theft Alarm Tracking Device							
<input type="checkbox"/> Surveillance System <input type="checkbox"/> Locked/fenced enclosure <input type="checkbox"/> Secured building Other:							
Current Survey:		Date of Survey:		Afloat Out of Water		Name of Surveyor:	
Yes No							
PRIMARY OPERATOR INFORMATION: TRAINING/EXPERIENCE							
(Additional Operators must complete a separate Operator Information Sheet)							
Operator Name:		Date of Birth:		Driver's License Number/State:		Social Security #:	
Years Boating Experience:		Boating Courses:		U.S. Power Squadron U.S. Coast Guard Auxiliary			
		None Tres Martin School		Mariner's License (describe):			
Boats Previously Owned							
Dates owned		Manufacturer		Type		Size Max Speed Waters Navigated	
Loss History (if none, state NONE)							
Details of any previous losses:		Date		Cause		Amount	
Have you ever been convicted of a felony or DUI? No Yes (If yes, describe)							
Trailer Information:							
Trailer Year, Manufacturer & Model:			Serial Number:		No of Axles:	Capacity:	Stored on Trailer:
							Yes No

INSURANCE COVERAGES REQUESTED

Coverage	Amount of Insurance	Deductible	Named Windstorm Deductible
Vessel Hull and Machinery	\$	\$	\$
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	

Navigation Area: East Coast U.S. Florida Bahamas Inland USA Gulf of Mexico Great Lakes Pacific Coastal Caribbean Other:	Lay Up Dates: From: To: Ashore Afloat
--	--

Mooring Locations : (Marina/Address, City, State, Zip Code)
June 1 to November 30:
December 1 to June 1:

Storage: Dock/Slip Trailer Lift Rack Other: (If other, please state):

Lienholder name and address:	Loan Number: Loan Balance:
------------------------------	-------------------------------

Additional Insured name and address :

OTHER INFORMATION

EXPLAIN All "Yes" Responses In Remarks:	Yes	No	Remarks:
Is yacht used commercially or for business purposes? (explain)			
Do you employ paid crew? If so, how many / what are their duties?			Number of full time crew: ____ part time: Duties:
Has any carrier cancelled or non-renewed coverage?			
Has the boat or engine(s) been modified or altered from their stock condition?			
Is vessel ever towed?			
Does the insured reside in Florida 12 months?			
Has the vessel been involved in a loss previously or deemed a CTL?			
Does the loan value exceed 90% of the purchase price?			

Additional remarks:

The completion and signing of this application does not bind the **APPLICANT** or this **COMPANY** to effect insurance on this risk; it is submitted for purposes of rating and quotation only. If accepted by this **COMPANY** it is agreed the information furnished herein shall be the basis of the contract should a policy be issued.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

Applicant Signature:	Date:	Producer:
Producer Signature:	Date:	
Current Insurer:		
Policy Effective Date:	Annual Premium: \$	

This notice is given in compliance with the Federal Fair Credit Reporting Act (public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the insurer's underwriting procedure, a routine credit report may be obtained, as well as a motor vehicle record report.

**THIS COVERAGE IS A NAMED OPERATOR POLICY. ONLY PRE-APPROVED PERSONS MAY OPERATE VESSEL.
THIS COVERAGE EXCLUDES RACING, RACING TRIALS, OR CONTESTS.**