

R.ROSS & ASSOCIATES, INC
APPLICATION FOR PRIVATE PLEASURE INSURANCE

1. NAME OF ASSURED _____
(INCLUDING ALL STOCKHOLDERS IF A CORPORATION)
ADDRESS _____

OCCUPATION _____ AGE: _____
2. ADDITIONAL ASSURED &/OR LOSS PAYEE _____
MORTGAGEE _____ LOAN BALANCE US\$ _____
3. INSURANCE TO ATTACH FROM _____ TO _____
4. VESSEL NAME _____ YEAR BUILT _____

PURCHASE DATE _____ PURCHASE PRICE US\$ _____

MATERIAL OF HULL – FIBERGLASS ___ WOOD ___ STEEL ___ ALMN ___

VESSEL LENGTH _____ BULDER & MODEL _____

ENGINE(S) – SINGLE / TWIN / OTHER _____

GASOLINE ___ DIESEL ___ YR. BUILT _____ HORSE POWER _____ EACH

MAX SPEED KNOTS _____ MANUFACTURER _____
5. HULL INSURANCE: MARKET VALUE US\$ _____

HULL DEDUCTIBLE US\$ _____ UNINSURED BTRS US\$ _____

P&I LIMIT US\$ _____ MEDICAL PAYMENTS US\$ _____

PERSONAL EFFECTS US\$ _____

DETAIL INDIVIDUAL ITEMS OVER US\$1,000 _____

TENDERS / OUTBOARDS ETC _____
(LIST TYPE AND VALUES)

ADDITIONAL ITEMS _____
6. WATERS TO BE NAVIGATED: _____

(2)

LAY UP DATES (IF APPLICABLE) _____ TO _____

7. DETAIL ITINERARY IF RACING (IF APPLICABLE) _____

8. OWNERS EXPERIENCE _____ YRS. SKIPPERS EXPERIENCE _____ YRS.

PREVIOUS VESSELS OWNED OR OPERATED (**OWNER & SKIPPER**):

OWNER: _____

SKIPPER: _____

LOSSES SUSTAINED DURING PAST FIVE YEARS (**OWNER & SKIPPER**)

NUMBER _____ AMOUNT(S) US\$ _____

DESCRIBE IN DETAIL _____

IF ANY OTHER PERSON IS GOING TO BE IN CHARGE OF THE VESSEL
PLEASE GIVE THEIR DETAILS: _____

9. HAS ANY INSURER EVER CANCELLED OR REFUSED TO ISSUE ANY
PRIVATE PLEASURE INSURANCE FOR THE APPLICANT? _____

IF SO, WHY? _____

NAME OF PRESENT OR PREVIOUS INSURER _____

10. NUMBER OF PERMANENT PAID CREW MEMBERS? _____

NUMBER OF PART TIME PAID CREW MEMBERS? _____

11. DATE OF MOST RECENT SURVEY _____
AFLOAT / DRYDOCKED (**DELETE AS APPLICABLE**)

12. WHERE IS VESSEL BASED? _____
(HOME PORT / MARINA ADDRESS / SLIP #)

13. WILL THE VESSEL ENGAGE IN CHARTER WORK? _____

IF SO, PLEASE PROVIDE DETAILS _____

14. WILL THE VESSEL BE USED FOR BUSINESS ENTERTAINMENT ? _____

15. OTHER REMARKS: _____

NOTICE: FRAUD WARNING (REQUIRED BY LAW IN CERTAIN STATES): ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. CONCEALMENT, MISREPRESENTATION OR FRAUD: ANY FRAUDULENT STATEMENT MISREPRESENTATION OR FAILURE TO DISCLOSE MATERIAL INFORMATION IN THE NEGOTIATION OF THIS POLICY WILL RENDER THE INSURANCE VOIDABLE FROM INCEPTION AND ENABLE THE COMPANY TO REPUDIATE LIABILITY. **APPLICANT'S STATEMENT:** I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FORGOING STATEMENTS ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

DATE: _____ 200__ SIGNATURE OF OWNER _____
(OR OWNER'S APPOINTED REPRESENTATIVE)

COVERAGE FOR WAR & TERRORISM HAS BEEN OFFERED AT AN
ADDITIONAL PREMIUM \$ _____ PLEASE BE ADVISED THAT I/WE HAVE
ELECTED **NOT** TO PURCHASE WAR & TERRORISM COVERAGE.

DATE: _____ 200__ SIGNATURE OF OWNER _____
(OR OWNER'S APPOINTED REPRESENTATIVE)