

LEWIS & LEWIS INSURANCE AGENCY
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\$ _____
(PROVIDE EXPLANATION IF DIFFERENT FROM THE PURCHASE PRICE)

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

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

PERSONAL EFFECTS TOTAL LIMIT US\$ _____
PLEASE DETAIL ANY INDIVIDUAL PERSONAL EFFECTS ITEM(S) OVER
US\$1,000. **NO COVERAGE FOR ITEMS VALUED OVER \$1,000 UNLESS
DETAILED IN WRITING:** _____

TENDERS / OUTBOARDS ETC: US\$ _____
(LIST TYPE, AGE AND VALUES)

ADDITIONAL ITEMS _____

6. WATERS TO BE NAVIGATED LIMITED TO: _____

LAY UP DATES (IF APPLICABLE) _____ TO _____

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\$ _____
(IF NONE, STATE "NONE") (IF NONE, STATE "NONE")

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: _____

WAR & TERRORISM COVERAGE

WAR & TERRORISM COVERAGE HAS BEEN OFFERED AT AN ADDITIONAL PREMIUM US\$ (OF WHICH US\$ IS IN RESPECT OF TERRORISM COVERAGE PER THE TERRORISM RISKS INSURANCE ACT 2002). I/WE DECLARE THAT I/WE HAVE ELECTED **NOT** TO PURCHASE WAR & TERRORISM COVERAGE.

DATE: _____ 201__ SIGNATURE OF OWNER _____
 (OR OWNER'S APPOINTED REPRESENTATIVE)

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.

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. CALIFORNIA INSURANCE FRAUDS PREVENTION ACT 1871.2

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: _____ 201__ SIGNATURE OF OWNER _____
 (OR OWNER'S APPOINTED REPRESENTATIVE)