



U.S. Risk, LLC | 8401 N. Central Expressway, Dallas, Texas 75225

PRODUCER NAME: _____ COMPANY: _____
EMAIL: _____ COVER START DATE: _____

1. INSURED INFORMATION

a. Owner Name: _____
b. LLC Name: _____
c. Date of Birth: _____ d. Occupation: _____
e. Address: _____
City: _____ State: _____ County: _____ ZIP: _____
f. Lien Holder: _____
g. Additional Insured: _____

2. VESSEL INFORMATION

a. Vessel Name: _____ b. Year: _____
c. Length: _____ d. Manufacturer: _____
e. Make/Model: _____ f. Max Speed: _____ Knots MPH
g. Hull Type: Sailboat Sportfisher Catamaran Motor Yacht Houseboat
 Other (describe): _____
h. Hull Material: Fiberglass Kevlar Wood Metal Other: _____
i. Primary Power: Sail Inboard Outboard
j. Hull ID number: _____ k. State/Country registration: _____
l. Vessel Flag: _____ m. Date Purchased: _____
n. Purchase Price: \$ _____ o. Present Value: \$ _____
p. Date of Last Survey: _____
q. Is the vessel for sale or will it be for sale in the next 12 months? Yes No **If yes, asking price:** \$ _____

2A. ADDITIONAL FEATURES (check all that apply):

Depth Finder Anti-Theft Auto Fire Extinguisher Life Raft
 Sat Nav or GPS Radar High Water Alarm EPIRB

2B. ENGINE DETAILS

Manufacturer	Engine Serial Number	Horsepower	Year	Fuel Type
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
				<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel

2C. TENDER DETAILS

- a. Year: _____
- b. Model: _____
- c. Manufacturer: _____
- d. Purchase Price: \$ _____
- e. Length: _____
- f. Present Value: \$ _____

3. NAVIGATION

- a. Main Mooring Location:
Address: _____
City: _____ State: _____ County: _____ ZIP: _____
- b. Navigational Requirements (please include bodies of water and radius navigation): _____
- c. Will the vessel be laid up? Yes No
If yes, dates and location: _____

4. OPERATORS

Operator No. 1

- a. Name: _____
- b. Date of Birth: _____
- c. Paid Crew? Yes No
- d. Experience (number of years and boats operated): _____
- e. Boating Qualifications: _____
- f. Any Criminal Convictions? Yes No
If yes, describe: _____
- g. Have you had any type of Maritime loss in the last 10 years? Yes No
If yes, explain in detail: _____

Operator No. 2

- a. Name: _____
- b. Date of Birth: _____
- c. Paid Crew? Yes No
- d. Experience (number of years and boats operated): _____
- e. Boating Qualifications: _____
- f. Any Criminal Convictions? Yes No
If yes, describe: _____

g. Have you had any type of Maritime loss in the last 10 years? Yes No

If yes, explain in detail:

For additional operators, please include a separate sheet.

5. CLAIMS INFORMATION

a. Any claims in the last 10 years? Yes No

If yes, describe:

b. Any total loss? Yes No

If yes, describe:

c. Has the vessel suffered any damage or undergone repairs in the last 5 years? Yes No

If yes, complete the following:

Name: _____

Date of Loss: _____

Cost of Claim: \$ _____

Claim details:

For additional claims, please include a separate sheet.

6. COVERAGE REQUIRED

- a. Hull Physical Damage: \$ _____
- b. Hull Deductible: _____ %
- c. Windstorm Deductible: _____ %
- d. Third Party Liability: \$ _____
- e. Crew Liability: \$ _____
- f. Passenger Liability: \$ _____
- g. Tender/Dinghy: \$ _____
- h. Uninsured Boaters: \$ _____
- i. Medical Payments: \$ _____
- j. Personal Property: \$ _____
- k. Non-Emergency Towing: \$ _____
- l. Trailer: \$ _____
- m. Pollution Coverage: \$ _____
- n. Breach of Warranty: \$ _____
- o. Other (please specify): \$ _____

7. GENERAL INFORMATION

- a. Is the vessel used for fare paying passengers? Yes No
If yes, complete the following:
Number of passengers per trip: Maximum: _____ Average: _____
Number of trips per year: Maximum: _____ Average: _____
- b. Is the vessel chartered to others with a captain? Yes No
- c. Is the vessel chartered to others without a captain? Yes No
- d. Does the applicant employ a paid crew? Yes No
If yes, how many? Full-time: _____ Part-time: _____
- e. Is this vessel used for waterskiing or diveboat charter? Yes No

If yes, provide details:

- f. Is the vessel used for any other commercial or business purposes? Yes No

If yes, provide details:

- g. Will this vessel be operated single handedly and/or at night? Yes No

If yes, describe when, where and how often:

- h. Does anyone reside aboard the vessel full time? Yes No
- i. Will this vessel participate in any races, rallies, or speed trials during this policy period? Yes No
- j. Was any insurance declined, cancelled or non-renewed in the last 5 years? Yes No

If yes, provide details:

8. SIGNATURE PANEL

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

I/we hereby declare that the statements and particulars in this application are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Applicant signature

Date

Typed or printed name: _____

Title: _____