

Please Return Completed Application to John@MazzaBaker.com or Fax To: (866) 844-4047.
If you have any questions, please call John Baker at (855) 683-1418.

Insured

Number of Title Owners (Spouses = 1 Title Owner): _____

Owner's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Vessel Information

Boat Type: Bass Cruiser Houseboat Pontoon Runabout Sailboat Ski Boat Sport Fish Trawler Other

Year: _____ Length: _____' - _____" Make: _____ Model: _____

Purchase Date: ____/____/____ Purchase Price: \$_____ Purchased New: Yes No

Construction: Fiberglass Aluminum Steel Wood Other: _____ Top Speed: _____

Number of Engines: _____ HP Per Engine: _____ Engine Year: _____ Engine Make: _____ Model: _____

Engine Type: Inboard Stern Drive (I/O) Outboard Jet Other: _____ Fuel: Gas Diesel

Automatic Fire Extinguishing System [Yes No] and/or Gas Fume Detector [Yes No] in Engine Compartment?

Does the vessel have any deficiencies or unrepaired damage? Yes No

Is the vessel raced in other than local club events (Local club racing allowed for sailboats only)? Yes No

Is the vessel used as a primary residence? Yes No

Has the vessel been surveyed by a certified marine surveyor? Yes No Survey Date: ____/____/____

Trailer – Tender (Dinghy) Information

Trailer Year: _____ Trailer Length: _____' - _____" Trailer Make: _____

Tender Year: _____ Tender Length: _____' - _____" Tender Make: _____

Tender Engine Year: _____ Engine H.P.: _____ Engine Make: _____

Vessel Location – Use – Navigation

Where is the vessel located: (ie: residence, name of marina, private dock) _____

City: _____ County: _____ State: _____ Zip: _____ Country: _____

Does the insured live more than 4 hours from the vessel? Yes No

Use of Vessel: Pleasure Primary Residence Charter Commercial Other: _____

Navigation: Inland Great Lakes Chesapeake Atlantic (Excluding FL) Atlantic (Including FL) Gulf of Mexico
 Pacific Puget Sound San Francisco Bay Other: _____

Lay Up: The time period the vessel is not used (winter months), a reduction of premium is applied, can be laid up ashore or afloat, is fully covered during lay up if not navigated, not ready for immediate use and not used to live aboard. # of months in lay up: _____

Lay up start date: ____/____/____

Primary Operator Information

Primary Operator Name: _____ DOB: ___/___/____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Has safe boating certificate from: NONE USCG USPS Captain's License

Total minor driving violation in last 3 years: _____ Total DUI or Reckless driving violations in last 3 years: _____

Prior Owned Boats: This information needs to correspond with ownership experience above. We base our underwriting on the years of boat ownership, not boating experience. If there is additional information on the boating experience that you would like us to consider, please use the comment section.

Length: _____ Make: _____ Years Owned: _____ | Length: _____ Make: _____ Years Owned: _____

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Length: _____ Make: _____ Years Owned: _____ | Length: _____ Make: _____ Years Owned: _____

of additional operators: _____ (If so, see below) # of any PAID Captain or Crew: _____ Full-Time Part-Time

Coverage Requested

Vessel Value: \$ _____ (Engine Value Should Be Included.) **If applying for Liability only, enter a vessel value of \$0.00.**

Trailer Value: \$ _____ Tender Value: \$ _____ Tender Outboard Value: \$ _____

Liability Limits Requested: \$50k \$100k \$300k \$500k \$1M Other: \$ _____

Uninsured Boaters: Limit is based on the type of boat and program. Please see limits when quote is returned.

Medical Payments: \$1k \$5k \$10k \$25k Other: \$ _____

Personal Effects: Limit is based on type of boat or you can select limit desired. Limit Requested \$ _____

Towing-Emergency: Limit is based on the type of boat and program. Please see limits when quote is returned.

Additional Coverage Details Will Be Shown on Quote.

Current Insurance Information

Company: _____ Premium: \$ _____ Expiration Date: ___/___/____

Any reported losses the last 5 years? Yes (Explain in Notes/Comments) No

Date of loss: ___/___/____ | Date of loss: ___/___/____ | Date of loss: ___/___/____

Has insurance coverage ever been cancelled or refused? Yes No

Notes / Comments:

Additional Operator(s) – Attach Additional Pages If Needed

Primary Operator Name: _____ DOB: ___/___/____ Occupation: _____

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