



**Alan R. Mott Agency, Inc.**

**Marine Insurance Specialists**

Ph(631)549-2628 Fax(631)549-0575

DATE:

NAME:

PHONE:

EMAIL:

ADDRESS (NO P.O.):

D.O.B:

DL#:

***\*IS INSURED AWARE CREDIT BASED INSURANCE SCORE MAY BE USED?***

BOATING YEARS EXPERIENCE:      YEARS AS BOAT OWNER:      COURSES:

PRIOR VESSELS OWNED (SIZE & MAKE):

PRIOR BOATING LOSSES? YES/NO **IF YES PROVIDE DATE/DESCRIPTION AND AMOUNT PAID:**

BOAT YEAR:

LENGTH:

MANUFACTURER:

MODEL:

HULL ID#:

ENGINE YEAR:

HORSEPOWER:

MANUFACTURER:

TYPE: I/B O/B I/O

FUEL TYPE:

SERIAL #:

MAST MATERIAL(FOR SAILBOATS ONLY)?

**CIRCLE EQUIPMENT BELOW**

HALON    DEPTH FINDER    VHF    FUME DET    GPS    CO2    RADAR

TRAILER

YEAR:

MANUFACTURER:

VALUE:\$

SERIAL #:

DINGHY

YEAR

LENGTH:

MANUFACTURER:

VALUE:\$

SERIAL #:

DINGHY O/B

YEAR

HP:

MANUFACTURER:

VALUE:\$

SERIAL #:

IS VESSEL CHARTERED?

IF YES HOW MANY?

TYPE OF CHARTERS?

IS OWNER CAPTAIN?

HIRED CAPTAIN?

TOTAL NUMBER OF CREW?

LAY-UP PERIOD:

ASHORE OR AFLOAT

IF AFLOAT IS THERE A BUBBLER SYSTEM?

SUMMER BOAT LOCATION:

WINTER BOAT LOCATION:

DATE OF PURCHASE:

SURVEY:    YES/NO

PURCHASE PRICE:\$

DATE:

ADDITIONAL INVESTMENT:\$

SURVEYOR:

LOSS PAYEE NAME AND ADDRESS:

BROKER/AGENCY NAME:

HULL COVERAGE/DED:

CONTACT PERSON:

LIABIITY:

TELEPHONE:

MEDICAL:

FAX:

PERS. PROP.: