



Phone: 800-952-8699; Option #4
 Fax: 800-889-1807

Commonwealth Insurance Partners
 25 Newport Ave Ext. 1st Floor
 Quincy, MA 02171

***** All Fields must be completed! *****

Boat Application

(Boats in size from 0' – 25' 11")

Effective Date: _____

Agency Name		Producer		Agency Code (6 Digits)	
Agency Phone No.	Agency Fax No.	Insured Phone No.	New Business _____	Quote: _____	
Insured Name		Street Address	City	State	Zip Code

Description of Property – Insured Watercraft

Motor Type <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard	<input type="checkbox"/> Outdrive <input type="checkbox"/> Water jet	# of Engines <input type="checkbox"/> Twin <input type="checkbox"/> Single <input type="checkbox"/> No Engine	Hull Material <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other	Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> None	Max. Speed	Boat Type <input type="checkbox"/> Sail <input type="checkbox"/> Power <input type="checkbox"/> Other:
Boat	Year	Manufacturer	Model	Length	Total H.P.	Hull ID Number (12 characters)
Outboard Motor(s)						
Trailer						
Total Purchase Price	Purchase Date	<input type="checkbox"/> Attach Bill of Sale if purchased in past 2 years	Date of last survey	Is a copy available? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach copy)		Vessel Name

Coverages

Amount of Insurance

Deductibles

Safety Equipment

Boat (Including Auxiliary Equipment, please breakdown o/b information)

Boat Trailer

Personal Property (\$1,000 Automatic)

Commercial Towing (\$500 Automatic)

Boat Liability

Medical Payments (\$2,000 Automatic w/Liability)

Uninsured Boater (Equal to Boat Liability)

Optional Coverage: Actual Cash Value

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Waiver of Depreciation / Outboard(s)

1%/\$100 Minimum

\$ 100.00

\$ 250.00

No Deductible

Which Apply

GPS Radar

Automatic CO2 (Halon) Plotter

Ship/Shore Radio (VHF) EPIRB

Depth Sounder Vapor Detector Alarm

Electronic Burglar Alarm

Waters To Be Navigated (Which apply)

Inland waters of the following states: _____

Coastal waters of the following states: _____

Is this boat chartered or used for other than private pleasure purposes?

No Yes, explain in Remarks

Mooring Location

Summer Mooring Location _____ Marina, Street, City, Country, State, Zip

Residence Marina

Winter Mooring Location _____ Marina, Street, City, Country, State, Zip

Residence Marina

Owner/Operator Information*List all operators of boat (including minor and occasional operators).*

Operator's name	Birth Date	Years experience	% use	Driver's license no. & state
1.	/ /			
2.	/ /			
3.	/ /			
4.	/ /			

Have you (or the principal operator listed above) completed any boat safety courses offered by the following organizations? (Check if applicable)

 US Power Squadron
 US Coast Guard
 Other:

Previous Boats owned/operated (specify size/type/years owned)	Previous/current insurance company
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Boating losses (Date, operator name, description, amount)	Has insurance ever been non-renewed, cancelled or declined? (Not applicable in MO)
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Criminal Convictions (arson, burglary) within the past 5 years?	Applicant's occupation
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Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Is this boat used for racing? No Yes If yes, what % of time? _____%**General Information**1. Motor vehicle accidents and/or convictions in past 3 years.
(Describe Date, Amount, Type, in Remarks)

2. Do you use your boat for water skiing?

 No Yes, what percentage of time? _____%**Remarks****Loss Payee**

Loss Payee Name	Alternate payor
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Address	Address
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City	State	Zip Code	City	State	Zip Code
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Additional Insured

Name	Address	City	State	Zip Code
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To be completed by Agent

1. Account Bill <input type="checkbox"/> Yes Account # _____	2. How many years have you known the applicant?	3. Do you handle other insurance for the applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> with Travelers. Please list all policy numbers.
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The statements made on this application are accurate to the best of my knowledge. I agree that this application shall constitute a part of any policy issued whether attached or not. I understand that any false or inaccurate information may result in my policy being made null and void or canceled as permitted by state law. I also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of Applicant: _____**Date:** _____

To the best of my knowledge, the applicant has provided truthful information and I certify that the above signature is that of the named insured.

Signature of Agent: _____**Date:** _____