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 quotes@primeis.com

HOUSEBOAT

1. General Information

Proposed effective date: _____

Applicant's name (applicant must be insured and registered owner of boat(s)/watercraft(s)): _____

Please list any business d/b/a, if applicable: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Business telephone number: _____ Fax: _____

Physical location (if different): _____

Other locations used:

Physical address: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Producer's name: _____ Producer's contact: _____

2. Insurance History

Current insurer, including expiration date of current policy (or your last insurer if no current provider)?: _____

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company name			
Expiration date			
Annual premium	\$	\$	\$

Has the applicant been a party to an auto or boat related property or liability claim? Yes No

Attach a five-year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy? Yes No

If yes, please explain: _____

Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance:

a. Watercraft Liability Limits: _____

b. Pollution Liability Limits: _____

- c. Uninsured Boater Liability Limits: _____
- d. Hull Coverage Limit (Actual Cash Value): _____
- 1) Optional Hull Coverages: _____
- A. Watercraft Retrieval / Wreck Removal Limit (including towing and storage): _____

Liability Limit Option Examples:

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000	
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000	
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000	
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

4. **Boats and Personal Watercraft** – Complete the following information for each watercraft to be considered:

Unit	Year	Make & Model	Hull Serial Number	Coverage:	Purchase Price & Date	Current Value – Actual Cash Value	Registration #
Trailer, if applicable							

Specifications	Length	Engine Make/Manufacturer	Max MPH	HP	Number of Engines	Hull Type

Tanks and Fuel Lines

- Are filling pipes flush and tight with deck?: Yes No
- Drain Overboard?: _____
- Are tank(s) equipped with vent liner(s)?: Yes No
- Vent Overboard?: _____
- Location of fuel line(s): _____

6. Are shut off valves accessible: Yes No Location: _____

Fire Fighting Equipment

- 7. Number of extinguishers: _____
 - a. Type: _____
 - b. Location: _____
 - c. Last Inspection: _____
 - d. CO2 System: _____
 - e. Manual or Automatic: _____
 - f. When last weighed: _____
- 8. Other fire equipment: _____

Safety Equipment

- 9. Number of life preservers: _____ Type: _____ Location: _____
- 10. Fume detector: _____

Auxiliaries

- 11. Auxiliary generator: _____ Make: _____
Rating: _____
- 12. Approved instillation: _____
- 13. General condition of wiring: _____
Wired for 110 volts: _____ Fused: _____

Galley

- 14. Type of stove: _____
 - a. Make: _____
 - b. Location: _____
 - c. Is stove secured?: Yes No
 - d. Location of fuel tank: _____
- 15. Is surrounding woodwork properly insulated: Yes No
- 16. Describe ventilation: _____

Dock and Ground Tackle

- 17. Where moored: _____
- 18. Slip: _____
- 19. Buoy field: _____
- 20. Number of anchors: _____
 - a. Size and type _____
 - b. Anchor line: _____
 - c. Length: _____
 - d. Condition: _____
- 21. Condition of dock or mooring line: _____
- 22. Will boat be transported to other location? Yes No
 - a. If yes, where: _____

b. Who transports the vessel and how: _____

23. List all third-party contractors used – are all insured? Yes No

a. Maintenance / service/ repair: _____

b. Transportation / Trailing: _____

c. Operator / Captain: _____

General Information

24. How will the boat be used (commercially, privately, time-share, etc.) and how often: _____

25. Boat mooring location: _____

26. Outline lay-up dates and storage location(s): _____

27. How many hours have been logged on the boat: _____

28. Operator and ownership information (boater resume required for all operators):

OPERATOR'S NAME:	YEARS EXPERIENCE:	AGE:	DRIVER'S LICENSE NUMBER:	CITATIONS OF ANY KIND:

OWNER NAMES:	YEARS EXPERIENCE:	AGE:	DRIVER'S LICENSE NUMBER:	CITATIONS OF ANY KIND:

5. **Boating Resume** (A boating resume will be required for all captains of the vessel.)

General Information

1. Operator name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Other: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Other: _____

2. Driver's license number: _____ Date of birth: _____ State: _____

3. Occupation: _____
4. Financial history/narrative (please indicate any financial hardships including liens, bankruptcy, etc. in the past years): _____
- _____

Boating Experience

5. Total years of operating experience: _____
6. Total years of ownership experience: _____

Prior boats you have OWNED:

Year	Length	Manufacturer	Model	Hull Type (Cat or V-Hull)	Dates Owned	
					To	From
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull		
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull		
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull		

Prior Boats you have OPERATED:

Year	Length	Manufacturer	Model	Hull Type (Cat or V-Hull)	Dates Owned		Total Hours
					To	From	
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull			
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull			
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull			

7. List the waters or areas you have navigated: (Atlantic, Great Lakes, Pacific, Mexico, etc.): _____
- _____
- _____
8. List any licenses, boating courses or classes for which you can produce a certificate: _____
- _____
- _____
- _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print name

Print name