

Marine Insurance Application

Please complete and return to Info@nwiconline.com

Full Name: _____ Email/ telephone #: _____

Name of Vessel: _____ Type: _____

Date Purchased: _____ Price Paid: _____

Details of Major work done since purchase and cost:

Port of Registry: _____ Flag: _____

Year Built: _____ Material of Hull: _____

Builders Name: _____ L.O.A : _____ Beam: _____

Draft: _____

Do you wish to cover Mast, Spars, Sails and Riggings?: _____

If so, provide replacement value: _____

Use of vessel: _____

If Racing, would you like it covered during competition?:

Do you wish to include cover for liability to and of Water Skiers?:

Maximum designated speed with engine(s): _____

Fuel used for main and auxillary machinery: _____

Is propane or other bottled gas used? _____

If so, state material of delivery tubing _____

Full details of all fire extinguishers carried: _____

Marine Insurance Application

Full Name of Owner: _____

Owners address: _____

Occupation of Owner: _____

Full details of sailing experience of owner and principal user:

Will the vessel be used for pleasure purposes only? _____

If no, state the purpose for which it will be used:

What cruising range is to be covered? _____

What professional or amature crew is carried? _____

Will the vessel be used for single-handed operation in any capacity whatsoever?

If so please give full details: _____

In commission months from: _____

Laid up months from: _____

Where is the vessel moored when in commission?: _____

Where will she be laid up: _____

Where will she be laid up a shore? Afloat?: _____

What accidents or losses have you suffered during the past five years in connection with any vessel you have operated or owned? Give particulars:

Have you ever had any insurance for any vessel: _____

If yes, with what company? _____

Ever Declined? _____ Cancelled? _____ Renewed at an increased rate? _____

Signature of applicant: _____ Date: _____