



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

Travelers Boat Unit
PO Box 3021
Fall River MA 02722

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

Travelers 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"/> Inboard <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.	Serial Number (HIN)		
Outboard Motors								
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

Boat (Including Auxiliary Equipment, please breakdown o/b information)
Outboard Motor 1. (ACV Coverage)
Outboard Motor 2. (ACV Coverage)
Boat Trailer
Personal Property (\$500 Automatic)
Commercial Towing (\$400 Automatic)
Boat Liability
Medical Payments (\$1,000 Automatic w/Liability)
Uninsured Boater (Equal to Boat Liability)
Optional Coverage: <input type="checkbox"/> Fishing Equipment \$____ <input type="checkbox"/> Actual Cash Value

Amount of Insurance

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

Agreed Value -Endorsement

Deductibles

1%/\$100 Minimum
\$ 100.00
\$ 250.00
No Deductible

Safety Equipment

<input checked="" type="checkbox"/> Which Apply
<input type="checkbox"/> GPS <input type="checkbox"/> Radar
<input type="checkbox"/> Automatic CO2 (Halon) <input type="checkbox"/> Plotter
<input type="checkbox"/> Ship/Shore Radio (VHF) <input type="checkbox"/> EPIRB
<input type="checkbox"/> Depth Sounder <input type="checkbox"/> Vapor Detector Alarm
<input type="checkbox"/> 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
<input type="checkbox"/> Residence <input type="checkbox"/> Marina	
Winter Mooring Location	Marina, Street, City, Country, State, Zip
<input type="checkbox"/> Residence <input type="checkbox"/> 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
---	------------------------------------

Boating losses (Date, operator name, description, amount)	Has insurance ever been canceled or declined? (Not applicable in MO)
---	--

Criminal Convictions (arson, burglary) within the past 5 years?	Applicant's occupation
---	------------------------

Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Previously declined, canceled, nonrenewed? (Not applicable in MO) <input type="checkbox"/> No <input type="checkbox"/> Yes, (if yes explain in remarks)
--	--

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
-----------------	-----------------

Address	Address
---------	---------

City	State	Zip Code	City	State	Zip Code
------	-------	----------	------	-------	----------

Additional Insured

Name	Address	City	State	Zip Code
------	---------	------	-------	----------

To be completed by Agent1. Account Bill Yes

Account # _____

2. How many years have you known the applicant?

3. Do you handle other insurance for the applicant? No Yes with Travelers Please list all policy numbers**Signature**

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:** _____