



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, # of Engines, Hull Material, Fuel, Max. Speed, Boat Type, Boat, Year, Manufacturer, Model, Length, Total H.P., Serial Number (HIN), Trailer, Total Purchase Price, Purchase Date, Attach Bill of Sale, Date of last survey, Is a copy available, Vessel Name

Coverages

Amount of Insurance

Deductibles

Safety Equipment

Boat (Including Auxiliary Equipment, please breakdown o/b information), Outboard Motor 1, Outboard Motor 2, 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: Fishing Equipment, Actual Cash Value

Amount of Insurance table with columns for \$ and Agreed Value - Endorsement

Deductibles table with columns for 1%/\$100 Minimum, \$ 100.00, \$ 250.00, No Deductible

Safety Equipment table with checkboxes for 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:
Costal 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, Residence, Marina, Winter Mooring Location, 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
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
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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)
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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? <input type="checkbox"/> No <input type="checkbox"/> Yes, what percentage of time? _____%
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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
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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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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:** _____