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GLOBAL MARINE
INSURANCE AGENCY™
Division of Specialty Program Group, LLC

Referral Source:	
Contact Person:	
Phone:	
E-Mail:	

SECTION 1 • OWNER/BENEFICIAL OWNER INFORMATION

Owner/Beneficial Owner Name _____

Primary Residence _____ City _____ State _____ Zip Code _____

Mailing Address, if different from Primary Address

Mailing Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Drivers License Number _____

Home Phone _____ Cell _____ Fax _____ E-mail _____

Marital Status _____ Ownership Status _____ ☐ Male ☐ Female ☐ Other

SECTION 2 • VESSEL INFORMATION

Year Built _____ Length of Vessel _____ Manufacturer _____

Model _____ Hull ID# _____ Purchase Date _____

Purchase Price (in USD) _____ Number of engine(s) _____ Maximum Speed (mph) _____

Horsepower each engine _____ Engine Type _____ Hull Material _____

SECTION 3 • OWNER EXPERIENCE & LOSS HISTORY

Has the applicant previously owned or operated other watercraft? ☐ Yes ☐ No

Any claims/losses within last five years? ☐ Yes ☐ No

Has the applicant or any operator had any driving violations in the past 5 years? ☐ Yes ☐ No

SECTION 4 • PRIMARY MOORING ADDRESS / NAVIGATION / VESSEL USE / STORAGE

Mooring Address _____ City _____ State/Territory _____ Zip/Postal Code _____

Requested Navigation Territory: _____

Vessel Use ☐ Private Pleasure ☐ Charter (6 pack) ☐ Charter (Bare Boat) ☐ Live-aboard

Types of Storage: _____

SECTION 5: SERIAL NUMBERS / LOSS PAYEE / TRAILER / ENGINE INFORMATION

Loss Payee _____ Loss Payee Address _____

Trailer Year _____ Trailer Make _____ Trailer Serial _____ Trailer Value _____

Engine #1 Year _____ Engine #1 Make _____ If Outboard, Engine #1 Serial _____

Engine #2 Year _____ Engine #2 Make _____ If Outboard, Engine #2 Serial _____

Coverage Type	Coverage Limit (USD)
Requested Hull Value (less trailer value)	
P&I Liability	$300,000
Trailer	
Medical Payments	$5,000
Uninsured Boater	$300,000
Personal Effects	$1,000
Towing Coverage	$500

Additional Comments