Insurance Service Clearly At Its Best

MANIFEST MARINE LTD.

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604 Stonewall Lane
Fredericksburg, Virginia 22407
540-785-0398

APPLICATION

APPLICANT: NAME:

ADDRESS:
HOME PHONE:
WORK PHONE:
YEARS OPERATING BOATS:
YEARS BOAT OWNERSHIP:
EXPERIENCE DESCRIPTION:
TRAINING:
CLAIMS (5 yrs):
OTHER OPERATOR(S):
ADDITIONAL INSURED(S):
LOSS PAYEE(S):

DATE OF BIRTH & DRIVER LIC. NO.:
CITIZENSHIP & OCCUPATION:
PREVIOUS INSURER:
DECLINED (explain if yes):

VESSEL: NAME:

YEAR: LENGTH:	BUILDER:		MODEL:
TYPE:	BUILT AT:		CONSTRUCTION:
HULL ID. NO.:	REGISTRATION NO.:		DISPLACEMENT:
PURCHASE DATE:	PURCHASE COST:		NEW REPLACEMENT COST:
NO. OF ENGINES:	ENGINE SERIAL NOS.:		
ENGINE YEAR:	MAKER:		FUEL:
DRIVE:	TOTAL HORSEPOWER:		SPEED (mph):

AUTO. EXTINGUISHER: FUME DETECTOR: VHF RADIO: DEPTH SOUNDER:
LORAN/SATNAV/GPS: THEFT ALARM: STOVE FUEL: GENERATOR FUEL:
TENDER & OUTBOARD:
TRAILER:
ADDITIONAL SAFETY EQUIPMENT:

COVERAGE: USE:

NAVIGATION AREA:
PRINCIPAL MOORING:
LAY-UP:

HULL ($_____ deductible):	$	$	COMPANY:
LIABILITY:	$	$	BINDER NUMBER:
MEDICAL PAYMENTS:	$	$	EFFECTIVE DATE:
PERSONAL EFFECTS:	$	$	EXPIRATION DATE:
			TOTAL PREMIUM: $

I hereby apply to the Company for the insurance described above. I understand that this application forms the basis upon which such insurance may be provided, and, therefore, I certify that the representations made herein are true and complete to the best of my knowledge and that any other facts material to this insurance have been disclosed on the reverse side of this form. I understand that this application will form a part of any insurance policy which may be issued and that such policy shall be null and void if this application contains any misrepresentations. I hereby appoint International Marine Insurance Services as my broker of record. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company; penalties include imprisonment, fines, and denial of insurance benefits; your state may have have specific warnings against filing false claim information.

DATE:
APPLICANT SIGNATURE: _____