GEICO Marine Insurance

CHARTER BOAT APPLICATION

Agency Name: _____
Producer: _____

Owner/Operator Information

Business Name:
Business Owner's Name:
Street Address: _____
City: _____ **State:** _____ **Zip** + 4 : _____ + _____
Home Phone #: _____ **Cell Phone #:** _____ **Work Phone #:** _____ **Extension:** _____
Primary Email Address: _____ **Secondary Email Address:** _____
Fax #: _____ **Business Web Site:** _____
Owners Occupation: _____ **Owners Date of Birth:** _____ / _____ / _____
Month date year
Owners Social Security #: _____ **Owners Drivers License #:** _____ **State of Issue:** _____

List any automobile or boating violations for the owner in the past 3 years:

Violation	# of incidents
Speeding < 20	
Speeding > 20	
DUI/DWI	
Reckless Driving	

Have you been convicted of a felony? ☐ Yes ☐ No Give date and time _____

Previous Boats Operated:

Builder/Manufacturer	Length	Years Owned

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Builder/Manufacturer	Length	Years Owned

Type of Licenses Held: ☐ None ☐ Six Pack ☐ Masters 25 Ton ☐ Masters 50 Ton ☐ Masters 100 Ton ☐ Other

List any Claims, Accidents, Losses for the Owner in the past 3 years:

Date	Type (Drop down)	Description	Loss Amount Paid ($)

Captain and Crew Information

List the names of the primary captain who will operate the boat: Name _____

Date of Birth_____ Driver's License No. _____ State of Issue _____

Years Experience As Captain_____ Have they been convicted of a felony? ☐ Yes ☐ No

List any Claims, Accidents, Losses for the Captain in the past 3 years:

Date	Type (Drop down)	Description	Loss Amount Paid ($)

Type of Licenses Held: ☐ None ☐ Six Pack ☐ Masters 25 Ton ☐ Masters 50 Ton ☐ Masters 100 Ton ☐ Other

List any automobile or Vesseling violations for the Captain in the past 3 years:_

Violation	# of incidents
Speeding < 20	
Speeding > 20	
DUI/DWI	
Reckless Driving	

List any additional Captains who may operate the boat without the primary captain _____

Date of Birth_____ Driver's License No. _____ State of Issue _____

Years Experience As Captain_____ Have they been convicted of a felony? ☐ Yes ☐ No

Type of Licenses Held: ☐ None ☐ Six Pack ☐ Masters 25 Ton ☐ Masters 50 Ton ☐ Masters 100 Ton ☐ Other

List any Claims, Accidents, Losses for the Captain in the past 3 years:

Date	Type (Drop down)	Description	Loss Amount Paid ($)

List any automobile or Vesseling violations for the Captain in the past 3 years:_

Violation	# of incidents
Speeding < 20	
Speeding > 20	
DUI/DWI	
Reckless Driving	

Will there be any crew? ☐ Yes ☐ No If so, how many: (_____)

Will the crew be paid by you? ☐ Yes ☐ No

Boat Information

Year of the Boat: **Length of the Boat**: **Builder/Manufacturer**: **Model**: **Beam**:

_____ _____ _____ _____ _____

Boat Purchase Price: _____ Boat Purchase Date: _____

Hull Type ☐ Runabout ☐ Cruiser ☐ Trawler ☐ Pontoon ☐ Sailboat ☐ Auxiliary Powered Sailboat ☐ Houseboat ☐ Bay Built ☐ Other

Hull Material ☐ Fiberglass ☐ Wood ☐ Aluminum ☐ Steel ☐ Cement ☐ Other

Top Speed of the boat? ☐ Under 45 ☐ 45 – 55 ☐ 56+

Boat Name:_____HIN: _____ Doc/Registration #: _____

Is the Vessel Coast Guard inspected ☐ Yes ☐ No

Power Type ☐ Inboard ☐ Outboard ☐ Outdrive ☐ Jet drive ☐ Surface drive ☐ None

Number of Engines ☐ 1 ☐ 2 ☐ 3 ☐ 0 Horsepower each_____

Fuel Type: ☐ Gas ☐ Diesel ☐ Electric ☐ None

Trailer Year:_____ Trailer Purchase Price:_____ Trailer Manufacturer:_____

Dinghy: Length _____ Horsepower_____

Boat Location

Is the boat kept at a Marina or personal residence ☐ Marina ☐ Residence

Marina Name _____

Marina or Residence Address: _____

City _____ State_____ Zip +4 _____+ _____

In-season Storage Type ☐ Dock/Slip ☐ Trailer ☐ Mooring ☐ Rack Storage

Off-Season Storage Type ☐ Ashore ☐ Dock/Slip ☐ Trailer ☐ Mooring ☐ Rack Storage

List all states where you will use the boat

List all foreign waters where you will use the boat

Navigation Limits ☐ Great Lakes and Tributaries ☐ Chesapeake Bay and Tributaries only

☐ Tidal Rivers, Bays, Sounds, and offshore less than 10 miles ☐ Offshore 10-50 miles ☐ Offshore 50+ miles

☐ Freshwater Lakes and non-tidal rivers

Boat Use Information

Type of Commercial Use: ☐ crewed fishing charters ☐ sight seeing cruises ☐ dinner cruise ☐ water taxi/transportation of passengers ☐ Scuba or snorkeling charters ☐ Parasailing ☐ Commercial Towing ☐ Commercial fishing (nets/longlining/crabbing) ☐ Bareboat charter ☐ Other _____

Do you do any overnight charters? ☐ Yes ☐ No

Number of days per year the boat will be chartered? ☐ Zero ☐ 1-15 days ☐ 16–50 ☐ 50+

Maximum number of passengers per charter_____

Will you ever provide/sell alcoholic beverages to your paying passengers? ☐ Yes ☐ No

Will passengers be permitted to bring alcohol on board? ☐ Yes ☐ No

Will you ever provide/sell food to your paying passengers? ☐ Yes ☐ No

Will you ever sell your catch? ☐ Yes ☐ No If yes, how many times per year? _____

How many pounds per sale? _____

Is the boat for sale? ☐ Yes ☐ No

Insurance History

Name of current/most recent insurance company_____

Has insurance ever been canceled or refused ☐ Yes ☐ No

List all claims or losses to boats or from liability in the past 3 years, give details and dates. Check here if NONE ☐

_____

Year of recent Claim _____ Amount of Claim $ _____

Claim type ☐ fire, explosion ☐ sinking ☐ striking submerged object ☐ collision ☐ hurricane, tornado
☐ weather, wind ☐ ice, freezing ☐ theft of boat ☐ theft of equipment ☐ vandalism ☐ vermin
☐ passenger injury ☐ crew injury ☐ captain injury ☐ other

Details _____

Coverage Amount Requested

As a coverage table

Amount of Hull Insurance Requested:_____

Deductible ☐ 1% ☐ 2% ☐ 3% ☐ 4%

Amount of Liability (P&I) Requested: ☐ 100,000 ☐ 300,000 ☐ 500,000 ☐ 1,000,000

Amount of Medical Payments Requested: ☐ 1,000 ☐ 5,000 ☐ 10,000 ☐ 25,000

Amount of Personal Property Requested (max. 25,000):_____

Trailer Value _____

Emergency Service/Towing ☐ 500 ☐ 1,000 ☐ 3,000

Additional Information _____

Additional Insured Name and address _____

_____

_____

Leinholder/Loss Payee name and address _____

_____

While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or GEICO Marine Insurance Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or GEICO Marine Insurance Company to be used for GEICO insurance purposes only. Omitting, misrepresenting or state information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Insurance Company will consider claims history for purposes of determining whether or cancel or refuse to renew your policy.

Signature: _____ **Date:** _____