GEICO MARINE INSURANCE
YACHT/PLEASURE BOAT
APPLICATION

Agency Name: _____
Producer: _____

Application Number: _____

Owner/Operator Information

Titled Owner's Name: _____
Mailing Address: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip**:_____

Home Phone #: _____ **Cell Phone #:**_____ **Work Phone #:** _____ **Extension**: _____
Primary Email Address:_____ **Secondary Email Address**:_____
Fax #:_____

Is the Titled Owner of this boat a Corporation ☐ **Yes** ☐ **No**

If Corporation is the Titled Owner:

- **Beneficial Owner's Name**: _____
- **Contact Person's Name**: _____
- **Contact Person's Relation to the Corporation or Beneficial Owner**: _____
- **Contact Person's Phone # (if different from above):** _____ **Extension:** _____
- **Contact Person's Email Address (if different from above):** _____

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	

Previous Boats Operated:

Builder/Manufacturer	Length	Years Owned

Previous Boats Owned:

Builder/Manufacturer	Length	Years Owned

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

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

Select training course(s) the owner has taken:
☐ **State Certified Safety Course** ☐ **USCG Auxiliary** ☐ **US Power Squadron** ☐ **Captain's License**

Additional Operators:

Name	Date of Birth	Driver's License #	State	Moving Violations	Boating Exp.
1.					
2.					
3.					
4.					

Boat Information

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

Boat Name:_____ **HIN**: _____ **Doc/Registration #:** _____

Boat Use: ☐ **Private Pleasure** ☐ **Charter** ☐ **Commercial** ☐ **Racing** ☐ **Other**

Do you live aboard this boat? ☐ **Yes** ☐ **No**

Hull Type: ☐ **Power** ☐ **Sail** ☐ **Multihull Sail** ☐ **Trawler** ☐ **Houseboat** ☐ **Pontoon Boat** ☐ **Bass Boat**

Power Type: ☐ **Outboard** ☐ **Inboard** ☐ **Sterndrive (I/O)** ☐ **Jet Pump** ☐ **Pods (i.e. IPS or Zeus)** ☐ **None**

Hull Material: ☐ **Fiberglass** ☐ **Aluminum** ☐ **Inflatable** ☐ **Rigid Hull Inflatable**

Number of Engines:_____ **Engine Year**:_____ **Horsepower Total:**_____

Fuel Type: ☐ **Gas** ☐ **Diesel** ☐ **Electric** ☐ **None**

Boat Purchase Date:_____ **Boat Purchase Price:**_____

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

Amount of Hull Insurance Requested:_____

Amount of Liability (P&I) Requested: ☐ **100,000** ☐ **300,000** ☐ **500,000** ☐ **1,000,000** ☐ **2,000,000**

Amount of Medical Payments Requested: ☐ **1,000** ☐ **2,000** ☐ **3,000** ☐ **4,000** ☐ **5,000** ☐ **6,000** ☐ **7,000** ☐ **8,000** ☐ **9,000** ☐ **10,000** ☐ **15,000** ☐ **20,000** ☐ **25,000** ☐ **30,000** ☐ **35,000** ☐ **40,000** ☐ **45,000** ☐ **50,000**

Amount of Personal Property Requested: ☐ **500** ☐ **1,000** ☐ **3,000** ☐ **5,000** ☐ **10,000** ☐ **15,000** ☐ **20,000** ☐ **25,000**

Cruising Area Required: ☐ **Inland Lakes & River** ☐ **Great Lakes & Inland Waters** ☐ **Florida & the Gulf of Mexico** ☐ **Chesapeake Bay, Albemarle & Pamlico Sound & Mid Atlantic** ☐ **Northern Atlantic, excluding Florida** ☐ **Southern Atlantic, excluding Florida** ☐ **Florida, the Gulf & Bahamas** ☐ **Florida, the Gulf, Bahamas & the Greater & Lesser Antilles** ☐ **Pacific Coastal Waters** ☐ **San Francisco Bay Only** ☐ **East Coast of the US including FL & Gulf however, north of Cape Hatteras from 6/1 through 11/1 annually** ☐ **Pacific Hawaii** ☐ **Pacific Alaska**

Is the Boat Currently Insured: ☐ **Yes** ☐ **No**
If Yes, who is the current insurance company?_____
If No, how long has it been uninsured?_____ **Why was it uninsured?**_____

Has this boat ever been in an accident or damaged? ☐ **Yes** ☐ **No**
If Yes, please provide details:_____

Is this boat currently up for sale? ☐ **Yes** ☐ **No**

How is the boat stored? ☐ **Docked** ☐ **Mooring** ☐ **Trailer** ☐ **Lift** ☐ **Rack** ☐ **Helical Mooring**

Location where the boat is stored:_____
Marina Name or Other Location:_____
Address:_____
Address:_____
City:_____ **Sate:**_____ **Zip:**_____

Is the boat location more than 400 miles away from the owner's residence? ☐ **Yes** ☐ **No**

Is the boat financed: ☐ **Yes** ☐ **No** **If Yes, Lien Holder's Name:**_____
Address:_____
_____
City:_____ **State:**_____ **Zip:**_____

Does anyone need to be listed as Additional Insured? ☐ **Yes** ☐ **No**
If Yes, Who:_____
What is the nature of the relationship between the Owner and Additional Insured?_____
If the boat is kept in Florida or on the coast, please provide a Hurricane Plan:_____
_____

Any Additional Comment:_____
_____

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:** _____

Questions? Please contact your Agent **Agency Name:**_____
Agency Address:_____
Agency Phone #:_____ **Agency Fax #:**_____