



LILLEY PLUMMER RISKS LIMITED

Vessel Name			
Owner's Name			
Date of Birth		Telephone No	
Address			
Zip Code		Occupation	
Lienholder			
Cover Start Date			

VESSEL INFORMATION

Year		Length		Hull Material	
Max Speed (knots)				Manufacturer	
Model				Flag	
Auto Fire Extinguishers	Yes/No		Anti-theft Devices	Yes/No	
GPS Tracker	Yes/No		Number of Bilge Pumps		
Depth Sounder	Yes/No		Sonar	Yes/No	
Tender Details (age, make, model, engine, value)					
Date Purchased		Purchase Price		Present Value	
Is the boat for sale now or will it be during next 12 months?				Yes/No	
If yes, asking price					
Will the boat be lived on during the next 12 months?				Yes/No	

ENGINE DETAILS

Engine	Make	H.P	Year	Gasoline or Diesel
1				
2				
3				

OPERATOR(S)

Name	D.O.B	Experience(years)	Boating	Details of any Criminal Convictions		

Details of previous vessels owned/operated

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CLAIMS INFORMATION

Have any of the vessel's operators been involved in a claim in last 10 years?				Yes/No
Name	Date	Cost of Claim	Details	



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NAVIGATION

Main Mooring		Zip	
Waters to be navigated			
Will vessel be laid up during the policy period?		Yes/No	
Vessel laid up		From	To
Absentee Owner	Yes/No		
If yes, what arrangements have you made for the safety of your vessel?			

COVER

GENERAL INFORMATION

Coverage	Sum Insured (USD)
Hull	
Tender	
Towing	
P&I Limit	
Passenger Limit	
Medical	
Uninsured Boaters	
Trailer	
Personal Property	

If chartered, please complete:

How many passengers per trip?		Estimated number of trips per year	
Details of the Charter operation			

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.

2. Any misrepresentation in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary, by a supplement to the application.

APPLICANT SIGNATURE:	SIGNATURE DATE: