



1-877-333-8195

Covering You From The Unexpected

www.sia-ins.com

We know that a consumer may not have all of this information or understand some of the coverages etc. We're happy to review with you but do the best you can and send to submissions@syndicatedservices.net We will give you a call to review.

Insured Information

Number of Title Owners (husband and wife = 1 title owner)
Owner's Name: Address:
City: State: Zip:

Vessel Information

Boat Type: Bass, Cruiser, Houseboat, Pontoon, Runabout, Sailboat, Ski Boat, Sport Fish, Trawler
Year: Length: Make: Model:
Purchase Date: New Purchase, Purchase Date: (mm/yyyy), Purchase Price: \$
Hull Construction: Fiberglass, Aluminum, Steel, Wood, Other, Top Speed:
Number of Engines: 1, 2, 3, HP Per Engine: Engine Year: Engine Make:
Engine Type: Inboard, Stern Drive (I/O), Outboard, Jet, Other, Fuel: Gas, Diesel
Automatic Fire Extinguishing System in the engine compartment: YES, NO
Gas Fume Detector in the engine compartment: YES, NO
Does the vessel have any unrepaired damage or deficiencies: YES, NO
Is the vessel raced in other than local club events (local club racing allowed for sailboats only): YES, NO
Is the vessel used as the primary residence: YES, NO
Has the vessel been surveyed by a certified Marine Surveyor: YES, NO, Survey Date: (mm/yyyy)

Trailer - Tender (Dinghy) Information

Trailer Year: Trailer Length: Trailer Make:
Tender or Dinghy is a small auxiliary vessel used to service a larger vessel
Tender Year: Tender Length: Tender Make:
Tender Engine Year: Tender Engine Hp: Tender Engine Make:

Vessel Location - Use - Navigation

Where is the vessel located: (ie: residence, name of marina, private dock)
City: State: Zip: County:
Does Insured Live More Than 4 Hours From The Vessel:
Use of Vessel: Pleasure, Primary Residence, Charter, Commercial, Other
Navigational Limit: Inland, Great Lakes, Chesapeake Bay, Atlantic - excluding FL, Atlantic - including FL, Gulf, Pacific, Puget Sound, San Francisco Bay, Other:

Lay Up: The time period the vessel is not used (winter months), a reduction of premium is applied, can be laid up ashore or afloat, is fully covered during lay up if not navigated, not ready for immediate use and not used to live aboard.
of months in lay up: Lay up start date (month and day) /

Operator Information

Primary Operator Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captain's License

Total number of minor driving violations in the last 3 years: _____

Total number of DUI or Reckless driving violations in the last 3 years: _____

Prior Owned Boats: This information needs to correspond with ownership experience above. We base our underwriting on the years of boat ownership, not boating experience. If there is additional information on the boating experience that you would like us to consider, please use the comments section on page 3.

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___

of additional regular operators: 0 1 2 3 4 > 4 see page 3 for additional operators.

of any PAID Captain or Crew: _____ Full Time or Part Time: Full Part

Coverages Requested

Vessel Value: _____ engine value(s) are included in Vessel Value. \$0 for liability only

Trailer Value: _____ Tender Value: _____ Tender Outboard Value: _____

Liability Limit: \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000 Other \$ _____

Uninsured Boaters: Limit is based on the type of boat and program. Please see limit when quote is returned.

Medical Payments: \$1,000 \$5,000 \$10,000 \$25,000 Other \$ _____

Personal Effects: Limit is based on the type of boat or you can select the limit desired. Other \$ _____

Towing-Emergency: Limit is based on the type of boat and program. Please see limit when quote is returned.

Additional coverage details will be shown on the quote

Current Insurance Information

Company: _____ Premium: _____ Expiration Date: _____

Any Reported Boat Losses in Last 5 Years: YES NO

Has any insurance coverage ever been Cancelled or Refused: YES NO

Date of Loss: _____ Date of Loss: _____ Date of Loss: _____ Date of Loss: _____

Notes/Comments * Loss Details/Refused Insurance Details: (required if YES to Losses/Refused Insurance)

Empty text box for notes and comments.

This page only needed if there are additional operators.

Additional Operator

Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captain's License

Total number of Minor driving violations (speeding ticket for any motor vehicle) in the last 3 years: _____

Total number of DUI or Reckless driving violations (for any motor vehicle) in the last 3 years: _____

Prior Owned Boats:

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___

Additional Operator

Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captain's License

Total number of Minor driving violations (speeding ticket for any motor vehicle) in the last 3 years: _____

Total number of DUI or Reckless driving violations (for any motor vehicle) in the last 3 years: _____

Prior Owned Boat:

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___

Additional Operator

Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captain's License

Total number of Minor driving violations (speeding ticket for any motor vehicle) in the last 3 years: _____

Total number of DUI or Reckless driving violations (for any motor vehicle) in the last 3 years: _____

Prior Owned Boats:

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___

Length: ___ Make: _____ Years Owned: ___ Length: ___ Make: _____ Years Owned: ___