



**Personal Boat — Application**

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305 17th Street, Huntington Beach, CA 92648

**BOAT OWNER's Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How did you find us? \_\_\_\_\_

Years of Yacht Operator Experience: \_\_\_\_\_ Years of Yacht Ownership Experience: \_\_\_\_\_

Previous Yachts Operated (year, length & make): \_\_\_\_\_

Coverage ever cancelled or non-renewed? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Use of Yacht: \_\_\_\_\_

Educational Courses Completed: \_\_\_\_\_

Other: \_\_\_\_\_

Losses in the past (5) years: \_\_\_\_\_

If yes, Date: \_\_\_\_\_ Amount Paid Out: \$ \_\_\_\_\_

Description: \_\_\_\_\_

**Vessel Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_

Hull Construction: \_\_\_\_\_

Number of engines: \_\_\_\_\_ Fuel Type: \_\_\_\_\_ Horsepower Each Engine: \_\_\_\_\_

Automatic Halon or CO2? \_\_\_\_\_ Engine Type: \_\_\_\_\_ Top Speed: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Electronic Aids (sounder, EPIRB, radar, loran, etc...): \_\_\_\_\_

Date of Last Survey: \_\_\_\_\_ Dry \_\_\_\_\_ Afloat \_\_\_\_\_

**Coverage Information:**

Hull Coverage: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_

P & I Liability: \_\_\_\_\_ (Protection & Indemnity)

Uninsured Boaters: \_\_\_\_\_ (should match liability amount)

Fishing Tackle Value: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Medical Coverage: \_\_\_\_\_

Towing/Vessel Assist: \_\_\_\_\_

**Trailer Information:**

Value: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Axel: \_\_\_\_\_

**Tender Information:**Value: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Length: \_\_\_\_\_ Horsepower: \_\_\_\_\_**Additional Information:**

Navigational Territory: \_\_\_\_\_

Mooring Location: \_\_\_\_\_

Number of Charters: \_\_\_\_\_

**Additional Coverages**

Additional Insured:

Loss Payee:

Coverage ever canceled:

**Additional Operators:****Operator #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Automobile driver's license status: \_\_\_\_\_ License state: \_\_\_\_\_

Tickets or accidents?

Has license been surrendered or revoked in the past 3 years?

**Operator #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Automobile driver's license status: \_\_\_\_\_ License state: \_\_\_\_\_

Tickets or accidents?

Has license been surrendered or revoked in the past 3 years?

**Operator #3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Automobile driver's license status: \_\_\_\_\_ License state: \_\_\_\_\_

Tickets or accidents?

Has license been surrendered or revoked in the past 3 years?

**Operator #4**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Automobile driver's license status: \_\_\_\_\_ License state: \_\_\_\_\_

Tickets or accidents?

Has license been surrendered or revoked in the past 3 years?

**Miscellaneous Information:**

Current Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Premium: \$ \_\_\_\_\_ Continuously Insured: \_\_\_\_\_

Questions or Comments to help the Agent: