

Ray's Marine Insurance

**Complete then
FAX, email, mail or phone information to
us!**

**Toll Free Telephone - 800-281-1152
Telephone Direct 562-596-3006**

FAX 562-596-2208

**Postal address
909 Electric Avenue, #207,
Seal Beach, CA, 90740**

**Electronic mail
General Information:
Sales: sales@lloydsquotes4boats.com
Customer Support:
service@lloydsquotes4boats.com**

Ray's Marine Insurance APPLICATION

INSUREDS NAME		INSUREDS AGE		DATE	PRODUCERS CODE	
MAILING ADDRESS				PRODUCERS NAME		
CITY	COUNTY	STATE	ZIP	PRODUCERS ADDRESS		
PHONE	HOME	BUSINESS		PHONE		
OCCUPATION				LIENHOLDER INFORMATION		
VESSEL NAME				NAME		
EFFECTIVE DATE FROM TO				NUMBER & STREET		
LAID UP FROM:		TO:		ON SHORE AFLOAT	CITY	STATE ZIP CODE
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREON						
COVERAGES	SUM INSURED	EQUIPMENT			PRIMARY POWER	SAIL
HULL - PHYSICAL DAMAGE		BILGE PUMPS		AUX/GENERATOR DIESEL		OUTBOARD
TENDER/DINGHY		COOKING STOVE		EPIRB		INBOARD
LIABILITY COVERAGE		FLAME DETECTOR		ENGINE ALARM		INBOARD/ OUTDRIVE
CREW LIABILITY		CO2/HALON SYSTEM		LIFE RAFT		OTHER
OWNER OPERATOR M&C		FIRE EXTINGUISHERS		SONAR	TYPE OF HULL	SAILBOAT
MEDICAL PAYMENTS		ANTI-THEFT DEVICES		GPS		PERFORMANCE
COMMERCIAL PASSENGER LIABILITY		DEPTH SOUNDER		OTHER (LIST BELOW)		RUNABOUT
UNINSURED BOATERS		RADAR			HULL MATERIAL	WOOD
TRAILER		LORAN/DIRECTION FINDER				METAL
PERSONAL PROPERTY		SHIP TO SHORE RADIO				FIBREGLASS
NON-EMERGENCY TOWING		SATNAV/OMEGA			FUEL TANK	METAL
OTHER		AUX GENERATOR GAS				FIBREGLASS
VESSEL INFORMATION						
YEAR	LENGTH	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	MAX SPEED	REGISTRATION NUMBER
HULL IDENTIFICATION NUMBER:				MANUFACTURER/MODEL:		
TENDERS OR DINGHIES:				STORED AT (CITY, DO, BT):		
ANTI-THEFT PRECAUTIONS:						
WATERS TO BE NAVIGATED:						
WILL VESSEL BE LOCATED BETWEEN 12°40' NORTH AND 55° - 85° WEST DURING THE PERIOD JULY 1 ST - NOV 1 ST						YES/NO
ENGINE/OUTBOARD MOTOR INFORMATION						
ENG	H.P.	GASOLINE	DIESEL	YEAR	DATE PURCHASED	PURCHASE PRICE PRESENT VALUE
1						
2						
3						
MANUFACTURER/MODEL					SERIAL NUMBER	
1						
2						
3						

TRAILER INFORMATION	YEAR	DATE PURCHAED	PURCHASE PRICE	PRESENT VALUE			
MANUFACTURER/MODEL:			SERIAL NUMBER:				
DETAILS OF PREVIOUS VESSELS OWNED:							
OPERATORS 9ALWAYS LIST INSURED AS OPERATOR #3)							
	NAME	DATE OF BIRTH	AUTO DRIVERS LICENSE #	STATE	SOCIAL SECURITY	USCG/POWER SQUADRON CERTIFICATE	
1							
2							
3							
VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS				YEARS OF BOAT OWNERSHIP			
1							
2							
3							
GENERAL INFORMATION							
	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO	#	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	DOES THE APPLICANT EMPLOY PAID CREW IF SO HOW MANY?		
3	IS THE BOAT USED FOR RACING?			8	WAS THE OPERATOR INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
4	IS THE BOAT USED FOR WATER SKIING OR DIVING?			9	WAS ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	IF THE BOAT IS USED FOR FARE PAYING PASSENGERS, WHAT IS THE AVERAGE NUMBER OF PASSENGERS PER TRIP NUMBER OF TRIP PER YEAR						
REMARKS							

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.**
3. A photograph of the vessel is required to be submitted with this application.

NOTICE:

The normal procedure used by the company to evaluate applications may include an investigation consumer and credit report involving information on such things as charter, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

APPLICANT SIGNATURE:	SIGNATURE DATE:
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