

Applicant Name:

Date:

Policy Number:

**Applicant's High Performance Ownership/Operating Experience:**

Years of Performance ownership experience:

Vessel Description: (year, make, model, length, horsepower, i/o or o/b, max speed):

5 Year Loss Experience: (date, cause, payout)

Years of Performance Operating Experience:

Vessel Description: (year, make, model, length, horsepower, i/o or o/b, max speed)

5 Year Loss Experience: (date, cause, payout)

**High Performance Vessel Currently Proposed:**

Vessel Description: (year, make, model, length, horsepower, i/o or o/b, max speed)

Hull Construction:  Fiberglass  Other: (Specify) \_\_\_\_\_

Engine(S) Description: (year, make, model, length, value, serial number, registration number)

Maximum Speed: \_\_\_\_\_ Fuel:  Gas  Other (Specify): \_\_\_\_\_

Have there been any modifications made to the engine / drive system?  Yes  No

If YES please list all (full description and value of upgrades):

Drive(s) Description: (year, model, serial numbers)

**PLEASE READ BEFORE SIGNING**

This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein. Any misrepresentations or concealment 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. Signing this form does not bind the applicant to purchase the insurance or the insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL \_\_\_\_\_ HAS ISSUED A BINDER NUMBER.**

Signature of Applicants:

Date:

Signature of Broker:

Date:

Broker Name & City:

Broker Email:

Broker Tel:

Return Fax: