



SLS Fax #: 918-336-2178

Travelers Boat Unit
PO Box 3021
Fall River MA 02722

\*\*\* All fields must be completed! \*\*\*

Travelers Boat Application (Boats in size from 0' - 25' 11") Effective Date:

Agency Name, Producer, Agency Code (6 digits), Agency Phone No., Agency Fax No., Insured Phone No., New Business, Quote, Insured Name, Street Address, City, State, Zip Code

Description of Property - Insured Watercraft

Motor Type, # of Engines, Hull Material, Fuel, Max. Speed, Boat Type, Boat, Year, Manufacturer, Model, Length, Total H.P., Serial Number (HIN), Trailer, Total Purchase Price, Purchase Date, Attach Bill of Sale, Date of last survey, Is a copy available, Vessel Name

Coverages

Boat (Including Auxiliary Equipment, please breakdown o/b information), Outboard Motor 1, Outboard Motor 2, Hull, Personal Property, Commercial Towing, Boat Liability, Medical Payments, Uninsured Boater, Optional Coverages

Amount of Insurance

Table with columns for Amount of Insurance and Deductibles

Deductibles

1%/\$100 Minimum, \$ 100.00, \$ 250.00, No Deductible

Safety Equipment

Which apply, GPS, Radar, Automatic CO2 (Halon), Plo, Ship/Shore Radio (VHF), EPIRB, Depth Sounder, Vapor Detector Alarm, Electronic Burglar Alarm

Waters To Be Navigated (X) Which apply

Inland waters of the follo, I waters of the follo, Is the boat chartered or used for other than private pleasure purposes?

Mooring Location

Summer Mooring Location, Residence, Marina, Winter Mooring Location, Residence, Marina

**Owner/Operator Information***List all operators of boat (including minor and occasional operators).*

Operator's name	Birth Date	Years experience	% use	Driver's license no. & state
1.	/ /			
2.	/ /			
3.	/ /			
4.	/ /			

Have you (or the principal operator listed above) completed any boat safety courses offered by the following organizations? (Check if applicable)

 US Power Squadron     
 US Coast Guard     
 Other:

Previous Boats owned/operated (specify size/type/years owned)	Previous/current insurance company
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Boating losses (Date, operator name, description, amount)	Has insurance ever been canceled or declined? (Not applicable in MO)
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Criminal Convictions (arson, burglary) within the past 5 years?	Applicant's occupation
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Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Previously declined, canceled, nonrenewed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes explain in remarks)
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Is this boat used for racing?   
 No   
 Yes   
 If yes, what % of time? \_\_\_\_\_ %**General Information**

1. Motor vehicle accidents and/or convictions in past 3 years. (Describe Date, Amount, Type, in Remarks)	2. Do you use the boat for water skiing? <input type="checkbox"/> No <input type="checkbox"/> Yes, what percentage of time? _____ %
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**Remarks**

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**Loss Payee**

Loss Payee Name	Alternate Payor
Address	Address
City      State      Zip Code	City      State      Zip Code

**Additional Insured**

Name	Address	City	State	Zip Code
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**To be completed by Agent**

1. Account Bill <input type="checkbox"/> Yes Account # _____	2. How many years have you known the applicant?	3. Do you handle other insurance for the applicant <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> with Travelers    Please list all policy numbers
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**Signature**

The statements made on this application are accurate to the best of my knowledge. I agree that this application shall constitute a part of any policy issued whether attached or not. I understand that any false or inaccurate information may result in my policy being made null and void or canceled as permitted by state law. I also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Signature of Applicant:** \_\_\_\_\_     
**Date:** \_\_\_\_\_

To the best of my knowledge, the applicant has provided truthful information and I certify that the above signature is that of the named insured.

**Signature of Agent:** \_\_\_\_\_     
**Date:** \_\_\_\_\_