| REQUEST TO ADD INSURANCE WATERCRAFT | | | |
| --- | --- | --- | --- |
| BOAT Information | | | |
| **Boat Name**:       Check here if not applicable: | | | |
| **Serial #** | | | |
| **Year**: | **Length**:       feet | **Make/Model**: | **Horse Power**: |
| **Planned Boat Usage**  How will the boat be used?  Where will it navigate – check all that apply:  Inland lakes, rivers and streams  Tidal rivers  Ocean  Other:  Is this replacing another boat?  Yes  No  Do we need to remove a boat from your policy?  Yes  No  Do we need to add a trailer to our insurance policy?  Yes  No | | | |
| **Occupancy**  What is the *maximum* number of crew that might be aboard?  What is the *usual* number of crew that might be aboard?  What is the *maximum* number of non-crew that might be aboard?  What is the *usual* number of non-crew that might be aboard?  Other Occupancy Notes or Special Equipment (if applicable): | | | |
| **Boat Status**  Is the boat in your possession at this time?  Yes  No If no, explain.  Will the boat be out of the water during the winter season?  Yes  No  Was a survey completed?  Yes  No If yes, provide us with a copy via email. | | | |
| **Who does this boat belong to?**  **Agency – check one**  WCCC  SMCC  CBITD  WELLS **NOTE: if MMA do not use this form!**  **Departmental Bureau**  DOT DMR DEP IFW ACF  MFS  BMP  BRMW  BWS  AWW  M&O  BMS  BLWQ  BRMF  GEO  BPH  BRMW  BOATING  BRMH  BPL  BRMW  FORESTRY | | | |
| INSURANCE COVERAGE ORDER | | | |
| Desired effective date:  As soon as possible; or on this specific date: | | | |
| Protection and Indemnity Per Occurrence Limit Desired: | | | |
| Hull Coverage Per Occurrence Limit Desired $      agreed / market value- FYI- This is not a Replacement Cost Policy it is based on agreed/market value | | | |
| ADDITIONAL REQUESTS OR INFORMATION | | | |
|  | | | |
| Your Name:       Your phone number: | | | |