| 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 [ ]  NoDo 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:       |