

# 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

MFS  
 M&O

##### DMR

BMP  
 BMS  
 BPH

##### DEP

BRMW  
 BLWQ

##### IFW

BWS  
 BRMF  
 BRMW  
 BRMH  
 BRMW

##### ACF

AWW  
 GEO  
 BOATING  
 BPL  
 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: \_\_\_\_\_