

## REQUEST TO ADD INSURANCE WATERCRAFT

### BOAT INFORMATION

Boat Name \_\_\_\_\_

Serial # \_\_\_\_\_

Year \_\_\_\_\_

Length \_\_\_\_\_ feet

Make/Model \_\_\_\_\_

Horsepower \_\_\_\_\_

#### 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: \_\_\_\_\_

Are you adding a boat trailer to the insurance policy?  Yes  No

Liability only       Liability and Physical Damage

#### 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.

#### Which Agency does this boat belong to?

### 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: \_\_\_\_\_

Email this form to [amber.dangler@maine.gov](mailto:amber.dangler@maine.gov)