



Boat / Yacht — Application

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305 17th Street, Huntington Beach, CA 92648

Insured's / Owner's Information:

Owner's Name: _____ Phone #: _____ E-mail: _____
Street Address: _____ City _____ State _____ ZIP _____

Vessel Information:

Vessel Description

Year: ____ Hull#: _____ Builder/Make: _____ Model: _____ Length: ____ ft
Hull Construction: _____

General Information

Storage/Mooring Address: _____ City _____ State _____ ZIP _____
Purchase Price: \$ _____ Date of Purchase: _____ Lay up Period: _____ to _____
Dry Afloat

Engine Information:

Date of Last Survey: _____ Dry Afloat
Engine(s) Make: _____ # of Engines: ____ Year ____ Fuel Type: _____
Total Horsepower: _____ Top Speed (required): _____
Supercharged: Yes No Fume Detector: Yes No
Fixed Fire Systems: Yes No Engine Type: OB IN I/O Jet-Drive

Coverage Requested:

Deductible: 1% 2% 3%

Hull Information:

Insuring Amount: \$ _____ P&I: \$ _____ Medical: \$ _____
(less tender(s) see below) (Protection & Indemnity)
Uninsured Boaters: \$ _____ Include Incidental Towing? _____
Trailer: \$ _____ Year: ____ Make: _____

Tender Information:

Dinghy: \$ _____ Year: ____ Make: _____ Length: ____ ft. Motor: _____ HP: _____
Dinghy: \$ _____ Year: ____ Make: _____ Length: ____ ft. Motor: _____ HP: _____

Additional Values:

Sportfishing Gear: \$ _____ Electronics: \$ _____ Personal Property: \$ _____

Owner / Operator Resume:

Mandatory: All sections below MUST be completed to obtain a quote.

Prior Boats Owned:

1. Length _____ ft. Make: _____ Year: _____
2. Length _____ ft. Make: _____ Year: _____
3. Length _____ ft. Make: _____ Year: _____

Years of Experience: ____ Boating Courses Completed: USPS USCG State Boaters Card Other _____

Owner's Occupation: _____ and resident status: Own Rent Other: _____

Marital Status: Married Single Divorced Widow Other: _____

Date of Birth: _____ Driver's License: _____ DUI: Yes No If yes, what year _____

I also have a Captain: Yes No * Please note: If you have a captain - we will need to get a separate Captain's resume/form completed.

Area(s) of Navigation: _____

Losses: Yes No If yes, then provide:

Brief Description: _____ Year: _____ Total Paid \$ _____

Liveaboard: Yes No Youthful Operators: Yes No Commercial Use: Yes No

Paid Crew: Yes No If yes, # _____ # of Charters: _____ 6 Pac 12 Pac

Additional Operators:

Name: _____ Date of Birth: _____ Driver's License: _____

Prior Boats Owned / Operated: _____ Years of Experience ____

Name: _____ Date of Birth: _____ Driver's License: _____

Prior Boats Owned / Operated: _____ Years of Experience ____

Name: _____ Date of Birth: _____ Driver's License: _____

Prior Boats Owned / Operated: _____ Years of Experience ____

Name: _____ Date of Birth: _____ Driver's License: _____

Prior Boats Owned / Operated: _____ Years of Experience ____

Miscellaneous Information:

Current Insurance Company: _____ Expiration Date: _____

Current Premium: \$ _____ Continuously Insured for : _____ years

Questions or Comments to help the Agent: