

P.O. Box 691809
Orlando, FL. 32869
888.335.6616
www.braishfield.com

SUBMISSION INSTRUCTIONS

Thank you for choosing Braishfield. We appreciate the opportunity to provide you with a quote for this risk.

In order to obtain a quote, please submit the following:

- Fully Completed Application
- If Applicable:
 - Corporate / Trust Supplemental Application (applicable to Corporate or Trust owned vessels)

You can submit by:

Email directly to your **assigned** underwriter:

Heather Perkins

Ext. 3120

hperkins@braishfield.com

Megan Seeley

Ext. 3113

mseeley@braishfield.com

OR

If you are unsure of your assigned underwriter:

Email to service@braishfield.com

OR

Fax to 888-335-6615

NOTE: If faxing, please be sure to include a cover page with your name, phone number and email address.

Thank you for your business.



Owner/Operator Information

Titled Owner's Name: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Extension: _____

Primary Email Address: _____ Secondary Email Address: _____

Fax #: _____

Is the Titled Owner of this boat a Corporation Yes No

If Corporation is the Titled Owner:

- Beneficial Owner's Name: _____
- Contact Person's Name: _____
- Contact Person's Relation to the Corporation or Beneficial Owner: _____
- Contact Person's Phone # (if different from above): _____ Extension: _____
- Contact Person's Email Address (if different from above): _____

Owners Occupation: _____

Owners Date of Birth: _____ / _____ / _____
month date year

Owners Social Security #: _____

Owners Drivers License #: _____ State of Issue: _____

List any automobile or boating violations for the owner in the past 3 years:

Violation	# of incidents
Speeding < 20	
Speeding > 20	
DUI/DWI	
Reckless Driving	

List ALL Previous Boats Operated:

Builder/Manufacturer	Length	# of Yrs Operated

List ALL Previous Boats Owned:

Builder/Manufacturer	Length	# of Yrs Owned

List any Claims, Accidents, Losses for the Owner in the past 3 years:

Date	Type (Drop down)	Description	Loss Amount Paid (\$)

Select training course(s) the owner has taken: *

State Certified Safety Course USCG Auxiliary US Power Squadron Captain's License

Additional Operators (including a hired captain):

Name	Date of Birth	Driver's License #	State	Moving Violations	Boating Exp.
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Does boat have a hired captain? Yes No If Yes, Captain's Name: _____ (attach captain's resume)

If Yes, how often is the captain with the boat? Full Time Part Time

Does boat have any crew? Yes No If Yes, How many: _____

Boat Information

Year of the Boat: _____ Length of the Boat: _____ Builder/Manufacturer: _____ Model: _____ Beam: _____ Max Speed (MPH): _____

Boat Name: _____ HIN: _____ Doc/Registration #: _____

Boat Use: Private Pleasure Charter Commercial Racing Other: _____

Do you live aboard this boat? Yes No

If Yes, how often is the boat moved/navigated? _____

Hull Type: Air Boat Cruiser Bass Boat House Boat Inflatable Rigid Hull Inflatable Monohull Sail
 Multihull Sail Pontoon Boat Runabout Trawler Drift Boat River Sled Other: _____

Hull Material: Aluminum Fiberglass Composite Inflatable Rigid Hull Inflatable Steel Wood Other: _____

Power Type: Outboard Inboard Sterndrive (I/O) Jet Pump Pods (i.e. IPS or Zeus) None

Engine Manufacturer: _____ Number of Engines: _____ Engine Year: _____ Horsepower Total: _____

Fuel Type: Gas Diesel Electric None

Boat Purchase Date: _____ Boat Purchase Price: _____

Does boat have an active anti theft tracking system? Yes No If Yes, Manufacturer: _____ Model: _____

Tender/Dinghy Year: _____ Manufacturer: _____ Model: _____ Length: _____ HP: _____ Value: _____

Trailer Year: _____ Trailer Purchase Price: _____ Trailer Manufacturer: _____

Cruising Area Required: Inland Lakes & River Great Lakes & Inland Waters Florida & the Gulf of Mexico
 Chesapeake Bay, Albemarle & Pamlico Sound & Mid Atlantic Northern Atlantic, excluding Florida
 Southern Atlantic, excluding Florida Florida, the Gulf & Bahamas Florida, the Gulf, Bahamas & the Greater & Lesser Antilles
 Pacific Coastal Waters San Francisco Bay Only East Coast of the US including FL & Gulf however, north of Cape Hatteras from 6/1 through 11/1 annually Pacific Hawaii Pacific Alaska

Amount of Hull Insurance Requested (Including Engines and Tender/Dinghy): _____

Hull Deductible: 1% (250 min) 2% (500 min) 3% (750 min) 4% (1,000 min) 5% (1,250 min)

Amount of Liability (P&I) Requested: 100,000 300,000 500,000 1,000,000 2,000,000

Amount of Emergency Service Requested: 250 500 1,000 2,500 5,000 Premium Towing

Amount of Medical Payments Requested: 10,000 15,000 20,000 25,000 30,000 35,000 40,000 45,000 50,000

Amount of Boat Trailer Requested: 1,000 2,000 3,000 4,000 5,000 6,000 7,000 8,000
(Subject to \$250 Deductible) 9,000 10,000

Amount of Personal Property Requested: 500 1,000 3,000 5,000 10,000 15,000 20,000 25,000
(Subject to \$50 Deductible)

Crew Limit Endorsement: 1 Crew 2 Crew 3 Crew 4 Crew 5 Crew

Captains Liability Coverage:

Non Owned Boat Liability: 30 Days 60 Days 90 Days

Low Electronics Deductible:

Low Tender Deductible:

Charter Coverage: 15 Days 30 Days

Depreciation Waiver:

Aramark Endorsement:

Premier Endorsement:

(vessel must be <10 yrs old with a Hull Limit >\$100,000)

Named Storm Deductible Buyback:

(Not available in AL, FL, GA, LA, MS, NC, SC, TX)

Coast Guard Auxiliary Endorsement:

Sea Scout Endorsement:

Is the Boat Currently Insured: Yes No

If Yes, who is the current insurance company? _____

If No, how long has it been uninsured? _____ Why was it uninsured? _____

Has insurance ever been cancelled, non-renewed or refused in the past 3 years? Yes No

If Yes, please provide details: _____

Has this boat ever been in an accident or damaged? Yes No

If Yes, please provide details: _____

Is this boat currently up for sale? Yes No

If Yes, By Owner or By Broker? _____ Is the boat in the owner's possession? Yes No

How is the boat stored? Docked Mooring Buoy Trailer Lift Rack Helical Mooring

Location where the boat is stored: _____

Marina Name or Other Location: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Is the boat location more than 400 miles away from the owner's residence? Yes No

If Yes, does the owner have a contract with a service or marina to care for the boat and execute the hurricane/storm plan? Yes No

If Yes, Name: _____ Address: _____

How often does the owner use the boat? _____

Is the boat financed: Yes No If Yes, Lien Holder's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Does anyone need to be listed as Additional Insured? Yes No

If Yes, Who: _____

What is the nature of the relationship between the Owner and Additional Insured? _____

Any Additional Comment: _____

While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or GEICO Marine Insurance Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or GEICO Marine Insurance Company to be used for GEICO Marine Insurance Company's purposes only. Omitting, misrepresenting or stating information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Insurance Company will consider claims history for purposes of determining whether or not to cancel or refuse to renew your policy.

Applicant's Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____

Agency Phone #: _____

Agency Fax #: _____

Producer Name: _____

Producer License#: _____

Corporate / Trust Supplemental Application

This supplement is only required when applicant is a corporate entity or a trust

Corporate Section

Corporate Name: _____

Beneficial Owner's Name: _____

Please list names of all owners/stockholders:

Where is the corporation domiciled? _____

Was the corporation formed solely for the ownership of the yacht? Yes No

If no, please explain the nature of the Corporation's Business: _____

Is the yacht used in your business other than for crewed charter, entertainment and/or your own personal pleasure? Yes No

If yes, please explain: _____

Are your employees ever guests on the yacht? Yes No

Is yacht used for corporate functions? Yes No

If yes, please explain: _____

Do clients/employees (other than the Captain on File and/or Crew) have authority to operate the yacht at any time? Yes No

If yes, please explain: _____

Please describe the intended use of the yacht: _____

Trust Section

Trust Name: _____

Beneficial Owner's Name: _____

Please list names of all trustees:

Where is the trust domiciled? _____

Was the trust formed solely for the ownership of the yacht? Yes No

If no, please explain: _____

Is the yacht used for trust business other than for crewed charter, entertainment and/or your own personal pleasure? Yes No

If yes, please explain: _____

Please describe the intended use of the yacht: _____