



Welcome!

Dear GLCC Member,

We welcome your application for quoting the insurance for your vessel. Coleman Marine has the expertise to provide you with all the options needed to fully protect your investment. We strive to ensure that our customers are fully informed about their insurance needs as well as about the insurance they ultimately purchase. This Travelers insurance program is specially designed for members of the GLCC to protect your investment with the highest regard for your needs and concerns as an owner for properly insuring your vessel.

In order to process your application in a timely manner please:

- 1) Fill out the following application completely.**
- 2) Fax completed application to 904-824-8580 OR email to sking@colemanmarine.org.**

Please make sure to include your email address and telephone number in the fax cover sheet, email or somewhere on the application.



Yacht Quote/Application

POLICY EFFECTIVE DATE		Downpayment:	AgencyCode CFK27
Insured's Name		Agency Name Coleman Marine, Inc.	
Street Address		Contact Name Sue King	
City	State	Zip	Agency Phone # 904-824-8880
Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Previously Declined, cancelled, nonrenewed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes explain in remarks) (Not applicable in MO)		Agency FAX # 904-824-8580

OWNER/OPERATOR INFORMATION – List all operators (including minor and occasional operators)

	Birth Date	Yrs. Exp.	% of use	USPS/USCGA course?
1.				<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
2.				<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
3.				<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced

Previous Vessels owned (please specify size and years owned)

Prior Boating Losses (date, description, amount, operator (if applicable))

Is this yacht used for racing? No Yes If yes, what % of time? _____ %

YACHT INFORMATION

Yacht	Year	Length	Manufacturer	Model	Total HP	Max speed (mph)	
	Engine Info: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other	Engine Type: <input type="checkbox"/> Outboard(s) <input type="checkbox"/> Inboard <input type="checkbox"/> Outdrive (I/O) <input type="checkbox"/> Water Jet	Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> None	Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other	Hull Identification Number		
	Date of Last Survey	Date Purchased	Total Purchase Price	Was yacht purchased as salvage or previously damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Outboard Motor(s)	Year	Manufacturer	Model
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Dinghy (If over 16' or 50 hp)	Year	Manufacturer	Model	Length	Value
	Dinghy Motor Manufacturer	Dinghy Motor Year	Serial Number	Total HP	Value

Trailer	Year	Manufacturer	Model	Value
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- Waters Navigated** (x which apply)
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Full Atlantic (ME to FL) | <input type="checkbox"/> Restricted South Atlantic (NC,SC,GA) | <input type="checkbox"/> Southeast Inland lakes & rivers | <input type="checkbox"/> Puget Sound |
| <input type="checkbox"/> New England (ME to NJ) | <input type="checkbox"/> South Atlantic (NC to FL) | <input type="checkbox"/> Southern California | <input type="checkbox"/> San Francisco Bay & tributaries |
| <input type="checkbox"/> North Atlantic (ME to NC) | <input type="checkbox"/> Great Lakes | <input type="checkbox"/> West Coast | <input type="checkbox"/> Lake Powell/Lake Mead |
| <input type="checkbox"/> Northeast Inland lakes & rivers | <input type="checkbox"/> Gulf (FL to TX) | <input type="checkbox"/> California Coastal | <input type="checkbox"/> Western States - Inland |
| <input type="checkbox"/> Chesapeake Bay | <input type="checkbox"/> Atlantic & Gulf (ME to TX) | <input type="checkbox"/> Northern California | <input type="checkbox"/> Oregon |
- Other: _____

Location List name & location of marina or residence	Summer Mooring (City, State, Zip)	Winter Mooring (City, State, Zip)	Lay-up Period (mo/day) From To	<input type="checkbox"/> Hauled <input type="checkbox"/> Afloat <input type="checkbox"/> Bubbler system
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Pleasure Use <input type="checkbox"/> No <input type="checkbox"/> Yes	# of Charters	Paid Captain <input type="checkbox"/> No <input type="checkbox"/> Yes	Paid Crew <input type="checkbox"/> No <input type="checkbox"/> Yes	Total Paid Crew (including Captain) # _____	Live Aboard <input type="checkbox"/> No <input type="checkbox"/> Yes
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- Safety Equipment**
- | | | | | |
|--------------------------------|---------------------------------------|---|---|--|
| <input type="checkbox"/> GPS | <input type="checkbox"/> Built-in CO2 | <input type="checkbox"/> Ship/Shore Radio | <input type="checkbox"/> Depth Sounder | <input type="checkbox"/> Burglar Alarm |
| <input type="checkbox"/> Radar | <input type="checkbox"/> Laser Plot | <input type="checkbox"/> EPIRB | <input type="checkbox"/> Vapor Detector | |

COVERAGES

Hull (incl.machinery, equipment & o/b) \$ _____	Hull Ded.% _____	Protection & Indemnity <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Medical Payments (\$5,000 incl. 26' – 29'11" - \$10,000 incl. 30' +) \$ _____	UB (Equal to P&I)	Commercial Towing (\$1,000 incl. 26' – 29'11" - \$1,500 incl. 30' +) <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Pers Prop (\$2,500 incl. 26' - 29'11" - \$5,000 incl. 30' and over) \$ _____
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- Optional Coverages:**
- | | |
|--|---|
| <input type="checkbox"/> Hurricane Haul Out | <input type="checkbox"/> Electronic Deductible Endorsement (\$250,000 hull minium) \$ _____ |
| <input type="checkbox"/> Blanket Fishing Equipment: Total Value \$ _____ | |
| <input type="checkbox"/> Other: _____ | |

Additional Information needed to issue:

Occupation (s) for all operators: 1. 2. 3.	How many years have you known the applicant?	Do you handle other insurance with Travelers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, (<input checked="" type="checkbox"/> which apply). <input type="checkbox"/> Homeowners <input type="checkbox"/> Automobile <input type="checkbox"/> Umbrella <input type="checkbox"/> Other:
Has any operator been convicted of a moving violation or had an accident during the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (Give details below)		

Operator/ Date	Loss description including amount/violation description	Operator Dr. Lic. #
1.		
2.		
3.		

Loss Payee	Alternate Payor
Name	Name
Address	Address
City State Zip Code	City State Zip Code

Additional Insured			
Name			
Address		Have you or any opertor had a criminal conviction (arson, burglary, etc.) or major moving violation within the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
City	State	Zip Code	If yes, indicate which operator and date in the remarks.

Additonal Remarks -

The statements made on this application are accurate to the best of my knowledge. I agree that this application shall constitute a part of any policy issued whether attached or not. I understand that any false or inaccurate inforjmentation may result in my policy being made null and void or cancelled as permitted by state law. I also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of Applicant: _____ **Date:** _____

To the best of my knowledge, the applicant has provided truthful information and I certify that the above signature is that of the named insured.

Signature of Licensed Agent: _____ **Date:** _____