



**Alan R. Mott Agency, Inc.**  
Marine Insurance Specialists

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**PLEASE COMPLETE ALL AREAS – THANK YOU!**

NAME:

PHONE:

ADDRESS (NO P.O.):

SOCIAL SECURITY #:

DOB:

MVR RECORD(ALL OPERATORS)

**\*IS INSURED AWARE CREDIT BASED INSURANCE SCORE MAY BE USED?**

BOATING CLAIM INFORMATION: NONE DATE: AMOUNT:

DESCRIPTION:

**INSURANCE EVER CANCELLED/NONRENEWED?**

**ANY CRIMINAL CONVICTIONS?**

BOATING YEARS EXPERIENCE: YEARS OWNER: COURSES:

PRIOR VESSELS OWNED (SIZE & MAKE):

BOAT YEAR: LENGTH: MANUFACTURER:

MODEL:

HULL ID#:

ENGINE YEAR:

HORSEPOWER:

MANUFACTURER:

TYPE: I/B O/B I/O

FUEL: GAS/DIESEL

SERIAL #:

MAST MATERIAL (SAILBOAT):

EQUIPMENT (ESPECIALLY HIGHLIGHTED):

**HALON LORAN DEPTH FINDER VHF FUME DET GPS CO2 RADAR**

TRAILER YEAR: MANUFACTURER:

VALUE:\$

SERIAL #:

DINGHY YEAR:

LENGTH:

MANUFACTURER:

VALUE:\$

SERIAL #:

DINGHY O/B YEAR

HP:

MANUFACTURER:

VALUE:\$

SERIAL #:

WHERE WILL THE VESSEL BE NAVIGATED?:

LAY-UP PERIOD: ASHORE AFLOAT(WITH/WITHOUT BUBBLER SYSTEM)

MOORING/STORAGE LOCATION (BOROUGH,CITY,ZIP):

SUMMER:

WINTER:

IS VESSEL STORED AT APT OR CONDO ON TRAILER?

DATE OF PURCHASE:

SURVEY INFO: YES NO

PURCHASE PRICE:\$

DATE:

ADDITIONAL INVESTMENT:\$

SURVEYOR:

LOSS PAYEE:

BANK:

ADDRESS:

BROKER/AGENCY NAME:

HULL COVERAGE/DED:

CONTACT PERSON:

LIABILITY:

TELEPHONE:

FAX:

MEDICAL:

PERS. PROP: