

Acadia Marine
here for you.

Lobster Boat Application

AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

GENERAL INFORMATION

Insured Name:		Date:		
Mailing Address	Street:	City:	State:	Zip:
Effective Date	From:	To:		
Individual	Partnership	Corporation	Joint Venture	Other
If Other, please explain:				

HULL

Name of Boat	Length			
Builder	Year Built			
Hull Material	Hull #			
Purchase Date	Purchase Price		\$	
Agreed Value	\$		Deductible \$	
Port where boat is moored				
Condition and Value Survey	Contact Name	Phone #		
	Date of Last Survey	Are survey recommendations complete?		Yes No
Lay-up Period	From:		To:	
Lay-up Location				
Date of Last Haul Out	Where?			
What work was done?				
Boat Operated by owner?		Yes		No
Name of Captain, if not owner:			Years Experience:	
Number of Years owning/operating Lobsterboats				
Time Boat is used for lobstering	From:		To:	
Time Boat is used for other fishing	From:		To:	
What type of fishing?				

EQUIPMENT			
Check all of the following equipment used on vessel:			
Fire extinguisher(s)	Automatic fire alarm system	Depth sounder or recorder	Survival suits
Built-in CO2	Automatic pilot	Radar	Other
VHF	Loran	GPS	List/explain other:
SSB	EPIRB	Electronic chart	

ENGINE			
Year:	Horse Power:	Fuel Type:	
Manufacturer:	Model:	Serial Number:	
Current Engine Hours:			
Is boat equipped with functioning hour meter?		Yes	No
Date of Last Overhaul:		By Whom?	
Does Engine have high temperature and low oil pressure alarms?		Yes	No

TENDER COVERAGE			
Is tender coverage needed?		Yes	No
Tender	Year:	Make:	Length: Limit: \$
Motor	Year:	Make:	hp: Limit: \$
Is over land transit coverage needed?		Yes	No
Trailer	Year:	Make:	# Axles: Limit: \$

PROTECTION AND INDEMNITY			
Is this coverage desired?		Yes	No
Number of crew to be covered:		Deductible: \$	
Limit of Liability	\$100,000	\$300,000	\$500,000

PREVIOUS INSURANCE/LOSS INFORMATION			
Check box if no losses in past three years:			
Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?		Yes	No
If yes, give details:			
Carrier:		Existing deductible:	
Renewal offered?	Yes	No	Existing limit:
Existing rate:		Expiration date:	

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____
 Producer Signature: _____ Producer Name (Please Print): _____

