

**QUAKER SPECIAL RISK**  
A division of Quaker Agency, Inc.

INSUREDS NAME		INSUREDS D.O.B.		PRODUCER NAME & ADDRESS			
BENEFICIAL OWNER (REQUIRED IF POLICY IS IN A COMPANY NAME)						LOSS PAYEE - NAME & ADDRESS:	
FULL MAILING ADDRESS:							
OCCUPATION:							
VESSEL NAME:							
EFFECTIVE DATE FROM			TO				
IF LAID UP: LOCATION :							
FROM:		TO:		<input type="checkbox"/> ASHORE		<input type="checkbox"/> AFLOAT	
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREON							
COVERAGES		SUM INSURED	EQUIPMENT			PRIMARY POWER (IF OTHER DETAIL):	SAIL
HULL - PHYSICAL DAMAGE			BILGE PUMPS	GENERATOR DIESEL/GAS			OUTBOARD
TENDER/DINGHY			COOKING STOVE	SHIP TO SHORE RADIO			INBOARD
PERSONAL PROPERTY			FLAME DETECTOR	SATNAV/ OMEGA			INBOARD/ OUTDRIVE
TRAILER			CO2/HALON SYSTEM	LIFE RAFT			OTHER
MEDICAL PAYMENTS			FIRE EXTINGUISHERS	OTHER (LIST BELOW)		TYPE OF VESSEL (IF OTHER DETAIL):	SAILBOAT
LIABILITY COVERAGE			ANTI-THEFT DEVICES				MOTOR YACHT
CREW LIABILITY			LORAN/ DIRECTION FINDER				SPORTSFISHER
OWNER OPERATOR M&C			DEPTH SOUNDER				CRUISER
COMMERCIAL PASSENGER LIABILITY			RADAR				PERFORMANCE
UNINSURED BOATERS			SONAR				HOUSEBOAT
BREACH OF WARRANTY (FOR LOSS PAYEE ONLY)			EPIRB				FIBREGLASS
NON-EMERGENCY TOWING			GPS			HULL MATERIAL (IF OTHER DETAIL):	STEEL
OTHER			ENGINE ALARM				ALUMINIUM
						TYPE OF HULL (IF OTHER DETAIL)	WOOD
							KEVLAR
							CARBON FIBRE
						FUEL TANK	METAL
							FIBREGLASS
VESSEL INFORMATION							
YEAR	LENGTH	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	MAX SPEED	HULL IDENTIFICATION NO:	
REGISTRATION NO:		VESSEL FLAG:		MANUFACTURER/MODEL:			

Quaker Special Risk  
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ANTI-THEFT PRECAUTIONS:				MAIN MOORING/STORAGE LOCATION (FULL ADDRESS):			
TENDERS OR DINGHIES:							
WATERS TO BE NAVIGATED (YOU MAY ATTACH AN ITINERARY- PLEASE NOTE EXTENDED NAVIGATION REQUIRES SUPPLEMENTARY SHEET):							
VESSEL LOCATION JULY 1 <sup>ST</sup> - NOV 1 <sup>ST</sup> (INCLUDING CO-ORDINATES IF KNOWN)							
ENGINE/OUTBOARD MOTOR INFORMATION							
ENG	H.P.	GASOLINE	DIESEL	YEAR	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
1							
2							
3							
MANUFACTURER/MODEL					SERIAL NUMBER		
1							
2							
3							
DATE VESSEL LAST SURVEYED			ASHORE/AFLOAT		HAS SURVEY BEEN SUPPLIED TO UNDERWRITER: Y/N		
TRAILER INFORMATION		YEAR	DATE PURCHASED		PURCHASE PRICE		PRESENT VALUE
MANUFACTURER/MODEL:					SERIAL NUMBER:		
OPERATORS (ALWAYS LIST INSURED AS OPERATOR #1) ALL OPERATORS MUST BE DETAILED - USE SEPARATE SHEET IF NECESSARY PLEASE NOTE THIS OPERATORS INFORMATION CONSISTS OF THREE PARTS (A, B & C)							
A	NAME			D.O.B.	STATE OF RESIDENCE		VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS
1							
2							
3							
B	BOATING QUALIFICATIONS				YEARS OF BOAT OWNERSHIP		YEARS OF BOATING EXPERIENCE
1							
2							
3							
C	DETAILS OF PREVIOUS VESSELS OWNED						
1							
2							
3							
GENERAL INFORMATION - IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW PLEASE GIVE FULL DETAILS ON NEXT PAGE							
#		YES	NO	#		YES	NO
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	WILL THE VESSEL BE OPERATED SINGLE HANDED AT NIGHT?		
3	WILL THE VESSEL BE USED FOR RACING DURING THE POLICY PERIOD?			8	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
4	IS THE BOAT USED FOR WATER SKIING OR DIVING WHETHER OR NOT VESSEL IS OPERATED COMMERCIALY			9	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	IS THE BOAT USED FOR FARE PAYING PASSENGERS? IF YES:			10	DOES THE APPLICANT EMPLOY PAID CREW?		
	WHAT IS THE NUMBER OF PASSENGERS PER TRIP (MAXIMUM & AVERAGE)	MAX	AVG		IF SO, HOW MANY?		

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NUMBER OF TRIPS PER YEAR		11	DOES ANYONE RESIDE ABOARD THE VESSEL?		
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?	Please complete supplementary sheet CAPTAIN CHARTER			
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?	Please complete supplementary sheet BAREBOAT CHARTER			
3	WILL THE VESSEL BE USED FOR RACING DURING THE POLICY PERIOD?	Please complete supplementary sheet RACING			
6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?	Please detail usage in Information Box below			
10	DOES THE APPLICANT EMPLOY PAID CREW?	Please complete supplementary sheet CREW			

**INFORMATION (IF THIS SPACE IS NOT SUFFICIENT PLEASE NOTE BELOW AND USE A SEPARATE SHEET):**

**PLEASE READ BEFORE SIGNING APPLICATION**

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. **Any misrepresentation in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.**
3. A photograph of the vessel is required to be submitted with this application.
4. **Fraud Statement - please see page 4 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.**

APPLICANT SIGNATURE:	PRINT NAME & STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED INSURED/BENEFICIAL OWNER	SIGNATURE DATE:
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### **Applicable in California**

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California Insurance Frauds Prevention Act 1871.2

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony\*

\*In Florida – Third Degree Felony

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

### **Applicable in New Jersey**

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a 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, subject to the criminal prosecution and civil penalties

### **Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

### **Applicable in Pennsylvania**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

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