



Watercraft Program Application

Email completed application to submit@midman.com.

Midlands Producer Number: _____

GENERAL INFORMATION

Policy Period From: _____ To: _____ *Coverage begins on the date of acceptance by the Company.*

Insured Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Driver's License Number: _____ Marital Status: _____ Gender: _____

Training: None PS/CG/CG Aux/Other Captain's License

Copy to: Lienholder Loss Payable Marina/Club None

Company: _____ Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

VESSEL INFORMATION

Name Of Vessel:		Year:	
Make:	Model:	Length:	
Date Purchase:		Purchase Price:	
Present Value:		Max Speed:	
Registration Number:		Hull ID Number:	
Number of Engines:		Engine Year(s):	Horsepower:
Engine Manufacturer/Model:		Engine Serial Number(s):	
Primary Power:	Inboard Saildrive I/O Outboard Other:		
Primary Fuel:	Diesel Gasoline Electric	Engine Serial Number:	
Hull Material:	Fiberglass: (Solid (BWL) Cored (BWL)) Metal: (Aluminum Steel) Wood: (Sheathed Plank)		
	Custom: (Carbon Ferro) Other:		
Mast Material:	Carbon Fiber Aluminium Wood		
Standing Rigging:	Wire Rod Synthetic Other:		
Date Last Surveyed:	Ashore Afloat		
Safety Features:	None Central Monitoring Auto Extinguisher Alarm System Other:		

TRAILER OR CRADLE INFORMATION		NONE	
Year:	Manufacturer:	Model:	Date Purchased:
Purchase Price:	Present Value:	Serial Number:	

TENDER	TENDER MOTOR (<10hp 10hp+)	TENDER TRAILER INFORMATION	NONE
Tender Year:	T. Manufacturer/Model:	T. Date Purchased:	
T. Purchase Price:	T. Present Value:	T. Serial Number:	
Tender Motor Year:	TM. Manufacturer/Model:	TM. Date Purchased:	
TM. Purchase Price:	TM. Present Value:	TM. Serial Number:	
Tender Trailer Year:	TT. Manufacturer/Model:	TT. Date Purchased:	
TT. Purchase Price:	TT. Present Value:	TT. Serial Number:	

COVERAGES	
Liability Limits:	
Hull Deductible %:	
Layup:	

MOORING/USE/NAVIGATION	
Mooring location (s):	
Waters to be Navigated:	
Is owners' primary residence more than 200 miles from primary vessel mooring?	Yes No
Used for charter?	None Six-pack

OPERATORS	
Are there additional owner/operator besides spouse?	Yes No
Is vessel corporate owned?	Yes No
Does insured utilize paid captain and crew?	Yes No
<i>List additional operators below.</i>	
Name 1:	Date of Birth: Gender: Male Female
State: Years Exp: Email:	
Training:	
Name 2:	Date of Birth: Gender: Male Female
State: Years Exp: Email:	
Training:	
Name 3:	Date of Birth: Gender: Male Female
State: Years Exp: Email:	
Training:	



LOSSES	
<i>Describe all prior losses below - Owner(s) and Captain(s) – including dates and loss amounts.</i>	
Prior/Current Insurance Carrier:	

OTHER COMMENTS/NOTES

DECLARATION		
<p>To the best of my knowledge and belief the information provided in connection with this hurricane questionnaire / plan, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.</p> <p>*A material fact is one likely to influence acceptance or assessment of this hurricane questionnaire / plan by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.</p> <p>This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded, this application will form the basis of the insurance.</p>		
Signed:	Full Name:	Date:

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