

EAST COAST OFFICE
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Jupiter, Fl. 33477
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Toll Free Fax 866-795-3707



March 2, 2006
Policy Number:
Email Address:

PLEASE CONFIRM THE ABOVE CONTACT INFORMATION IS CORRECT, THEN COMPLETE AND SIGN THE BELOW 2 PAGE RENEWAL APPLICATION. WE ARE UNABLE TO RENEW YOUR INSURANCE WITHOUT THIS COMPLETED FORM.

DO YOU REQUIRE ANY CHANGES IN COVERAGE LIMITS? PLEASE INDICATE THE CHANGES BY COMPLETING THE APPROPRIATE COLUMN BELOW. TO CHANGE HULL VALUE WILL REQUIRE NEW SURVEY AND/OR RECEIPTS.

HULL VALUE: _____ HULL DEDUCTIBLE: _____ %

LIABILITY: _____ PERSONAL EFFECTS: _____

Tender & Outboard if added or changed provide details, value & serial #'s

1. IF THERE IS A NAVIGATION AREA CHANGE OR YOU ARE OUT SIDE OF USA COMPLETE ITINERARY PAGE 2.
2. COASTAL BOATS, PLEASE DESCRIBE THE NORMAL LOCATION, MARINA & METHOD OF MOORING YOUR VESSEL (FOR BOTH SUMMER & WINTER MONTHS, IF DIFFERENT), CRUISING BOATS COMPLETE ITINERARY PAGE # 2 _____
3. HAVE YOU ADDED OR DELETED ANY NAVIGATIONAL EQUIPMENT THIS YEAR? IF SO, PLEASE ADVISE US OF THOSE CHANGES _____
4. ARE THE CREW MEMBERS/OPERATORS THE SAME AS LISTED ON YOUR PRIOR APPLICATION? YES NO IF NO, PLEASE PROVIDE THE FOLLOWING FOR EVERY CREW MEMBER/OPERATOR: AGE, YEARS OF EXPERIENCE, # OF TRANSOCEAN PASSAGES, FORMAL COURSES, LICENSES HELD AND WHETHER EACH IS PAID _____

5. IF YOUR VESSEL IS FOR SALE OR WILL BE DURING THE NEXT 12 MONTHS, WHAT IS/WILL BE THE SALES PRICE _____
6. PLEASE ADVISE AS TO DATE OF LAST SURVEY, YOUR NEXT DRY DOCK SURVEY IS DUE: _____
7. HAS RIGGING BEEN INSPECTED AT DECK LEVEL AND ALOFT AND FOUND IN GOOD CONDITION? _____ DATE
8. WHEN AND WHERE WILL YOU NEXT HAUL YOUR VESSEL? _____
9. DO YOU USE THE BOAT FOR RACING? YES NO, CHARTERS YES NO, COMMERCIAL USE YES NO
10. IS THERE A CLAIM PENDING? IF SO PROVIDE DATE / DETAILS _____
11. PROVIDE DETAILS OF PREVIOUS CLAIM(S) AND/OR UNREPAIRED DAMAGE(S)
12. WILL YOUR VESSEL BE LAID-UP YES NO. IF SO PROVIDE DETAILS AND CARETAKER ARRANGEMENTS ON PAGE 2, LAY-UP SECTION.
13. PLEASE SUPPLY NAME, ADDRESS & TEL NUMBER OF LEIN HOLDER FOR THIS POLICY IF APPLICABLE _____
14. YOUR CURRENT EMAIL ADDRESS: _____

ABSENTEE OWNER			BOAT PREPAREDNESS		
Y	N	Answer yes, no or provide appropriate information	Yes	No	Are you ready
		Absentee owner is an owner keeping the insured boat at a location where the owner is not present for a period of 20 consecutive days or longer. Are you an absentee owner?			Will or have you confirmed the safety, size & adequateness of your dock or mooring, before using it?
		Who is the caretaker for your boat in your absence? (Name and address)			Is anchorage/mooring safe in ALL likely wind velocity and direction?
		What are the duties of your caretaker?			Will anchor scope and/or dock lines allow for clearance in all likely Tides - surge - wind velocity and direction?
					Do all cleats (boat & dock) have proper backing & have you provided adequate chafing gear?
		Will you or your caretaker not be with the insured boat for a period of 20 consecutive days or longer?			If laid-up afloat or ashore have you removed all windage, i.e. Sails – dodgers – canvas – deck gear?
		What is the name of the Marina / Boat Yard where your insured boat is located in your absence?			Describe Lightning protection on your boat
		Address of the Marina / Boat Yard			Is electrical system capable of supporting bilge pumps for a minimum of 24 hours?
					Have you checked all hatches for a watertight seal? Have you cleaned all drains and scuppers?

LAY UP INFORMATION--ANSWER YES, NO OR APPROPRIATE NUMBER	
Lay up	means any period of more than 20 consecutive days where you have not been in attendance aboard the insured boat. Your insurance policy may have lay-up exclusions / restrictions; refer to the policy wording for details. The boat may be laid-up afloat or ashore
LAI D UP:	ASHORE OR AFLOAT FROM TO:
	Do you have a caretaker who has access or ability to operate the boat in your absence? If yes provide resume of other operator.
	What is the name and address of your caretaker
	Is the caretaker paid for his services?
	Is there a written service agreement? If yes, provide details or copy of agreement, Is he insured?
	Provide name and address of Marina / Boat Yard and contact information where your boat is laid-up

Itinerary

IMPORTANT: If your boat is going to be in Florida, the Gulf States, or outside the USA, you must include an itinerary stating month and location of the vessel

January 20__	July 20__
February 20__	August 20__
March 20__	September 20__
April 20__	October 20__
May 20__	November 20__
June 20__	December 20__
Comments/remarks (use separate page if required)	

PLEASE READ BEFORE SIGNING THIS APPLICATION:
THIS APPLICATION SHALL BE INCORPORATED IN ITS ENTIRETY INTO ANY POLICY OF INSURANCE ISSUED TO YOU. ANY MISREPRESENTATION IN THIS APPLICATION SHALL AUTOMATICALLY RENDER YOUR INSURANCE COVERAGE NULL AND VOID FROM INCEPTION. PLEASE THEREFORE CHECK TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN FULLY ANSWERED AND THAT ALL RELEVANT FACTS HAVE BEEN DISCLOSED. THIS APPLICATION CONSTITUTES THE COMPLETE AND EXCLUSIVE STATEMENT BY YOU CONCERNING THE SUBJECT MATTER HEREOF, AND SUPERSEDES ALL PRIOR COMMUNICATIONS AND UNDERSTANDINGS, WRITTEN AND ORAL, WITH RESPECT TO THE SUBJECT MATTER HEREOF. IF YOU NEED TO SUPPLEMENT YOUR APPLICATION, YOU MUST DO SO IN WRITING ON A SUPPLEMENTAL APPLICATION. YOU AGREE TO INDEMNIFY AND HOLD BLUE WATER INSURANCE, INC., ITS OFFICERS AND/OR EMPLOYEES HARMLESS FROM ANY ERROR OR OMISSION RELATING TO THIS APPLICATION AND ALL SUPPLEMENTAL CHANGES, YOUR INSURANCE POLICY AND/OR ANY RELATED CLAIMS OR ACTIVITIES ASSOCIATED WITH THIS APPLICATION OR YOUR INSURANCE POLICY. SINGLE-HANDED NAVIGATION IS NOT ALLOWED UNLESS YOUR POLICY HAS BEEN SPECIFICALLY ENDORSED FOR SUCH ACTIVITY. THE NORMAL PROCEDURE USED BY THE COMPANY TO EVALUATE APPLICATIONS MAY INCLUDE OBTAINING A CONSUMER CREDIT REPORT. THIS APPLICATION SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH FLORIDA LAW, WITHOUT REGARD TO PRINCIPLES OF CONFLICTS OF LAW. YOU HEREBY CONSENT TO THE EXCLUSIVE JURISDICTION OF THE STATE AND FEDERAL COURTS LOCATED IN PALM BEACH COUNTY, FLORIDA FOR THE RESOLUTION OF ANY DISPUTE ARISING OUT OF OR BASED UPON THIS APPLICATION.

Applicant Signature:	Date:
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