

Boat Insurance Questionnaire

Recreational boats, personal watercraft and smaller vessels

Interactive PDF: download this file, then open it in Adobe Acrobat or Apple Preview. Tap or click fields to type. iPhone Files/Preview: tap a square and type X. Attach the current declarations page, purchase agreement, registration/title, photos, and survey if available.

APPLICANT AND CONTACT INFORMATION

Named insured / owner

Entity type

Mailing address (street, city, state, ZIP)

Primary contact

Phone

Email

Date of birth

Occupation / business

Years boating experience

Is the vessel owned by an LLC, corporation, trust, or other entity?

☐

Yes

☐

No

If yes, provide entity name, ownership details, and relationship to operator(s).

VESSEL DETAILS

Year / make

Model

Length overall (ft)

Hull identification number

Purchase date

Purchase price

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Requested hull value

Trailer value

Hull material

Vessel type

New or used when purchased?

☐

New

☐

Used

Factory options, electronics, fishing equipment, personal property, custom upgrades, and total value of permanently attached equipment.

Trailer: year, make, model, VIN, value, storage location, and towing vehicle.

PROPULSION AND CONDITION

Engine count / type

Fuel type

Engine year / make

Total horsepower

Engine model(s), serial number(s), hours, and date of last service.

Any existing damage, unrepaired loss, mechanical problem, or known defect?

☐

Yes

☐

No

Explain any damage/defect and estimated repair completion date.

Has the vessel been modified from original specifications?

☐

Yes

☐

No

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Describe modifications, installer, completion date, and cost.

OPERATORS, CAPTAIN AND CREW

List every regular operator: full name, DOB, license/certificate, years operating similar vessels, and any boating safety course.

Any operator with a marine loss, violation, suspension, DUI, or felony in the past 5 years?

☐

Yes

☐

No

If yes, provide operator, date, event, vessel involved, and outcome.

USE, NAVIGATION AND STORAGE

Primary use

☐

Pleasure

☐

Fishing

☐

Other

Any racing, speed contests, charter, rental, instruction, delivery, or business use?

☐

Yes

☐

No

Describe all use, annual operating months, estimated annual hours, and typical trip distance/duration.

Requested navigation territory and furthest planned destination during the next 12 months.

Maximum speed (mph/knots)

Cruising speed

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Primary storage/home port: marina or residence name, full address, slip/rack/trailer location, and water depth if applicable.

Storage method

☐

Afloat

☐

Dry rack

☐

Trailer

Will the boat be laid up or stored outside Florida for any period?

☐

Yes

☐

No

Provide dates, exact location, and storage/lay-up method.

SAFETY, SECURITY AND STORM READINESS

USCG-required safety equipment maintained onboard and inspected?

☐

Yes

☐

No

☐

N/A

Automatic fire suppression for enclosed engine space, if applicable?

☐

Yes

☐

No

☐

N/A

Bilge pumps and high-water alarm tested regularly?

☐

Yes

☐

No

☐

N/A

GPS tracking, theft alarm, immobilizer, or secure gated storage?

☐

Yes

☐

No

☐

N/A

Written storm/hurricane preparation plan in place?

☐

Yes

☐

No

☐

N/A

Storm plan summary: who acts, when preparation begins, haul-out/relocation location, marina or yard reservation, towing vehicle/contractor, and securing method.

COVERAGE REQUESTED AND INSURANCE HISTORY

Desired effective date

Current carrier / policy number

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Current expiration date

Years continuously insured

Requested hull deductible, windstorm/named-storm deductible, liability limit, medical payments, uninsured boater, towing, personal effects, fishing equipment, and trailer limits.

Agreed value requested?

☐ Yes

☐ No

☐ Unsure

Any policy cancellation, nonrenewal, lapse, or coverage restriction in the past 5 years?

☐ Yes

☐ No

List every marine claim or loss in the past 5 years: date, cause, vessel, amount paid/reserved, and corrective action. Write NONE if none.

DOCUMENTS TO INCLUDE

Current declarations page or renewal offer

☐ Attached

☐ Pending

☐ N/A

Purchase agreement / bill of sale and registration/title

☐ Attached

☐ Pending

☐ N/A

Recent clear photos of all sides, helm, engines, and storage location

☐ Attached

☐ Pending

☐ N/A

Marine survey and valuation, if available

☐ Attached

☐ Pending

☐ N/A

Operator licenses, safety-course certificates, and loss runs, if requested

☐ Attached

☐ Pending

☐ N/A

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CERTIFICATION AND AUTHORIZATION

I certify that the information provided is true and complete to the best of my knowledge. I understand this questionnaire is an agency intake document, not a binder or guarantee of coverage. Coverage is effective only when confirmed in writing by an authorized insurer or MAD Insurance.

Applicant / representative

Title

Electronic / typed signature

Date