



**FIRST MARINE INSURANCE COMPANY**

(An incomplete application cannot be evaluated for insurance)



- Motorboat Policy
- Yacht Policy
- Bass Boat Policy

**APPLICANT**

Name (List All Owner's Names as they appear on the boat's certificate of title)		First Marine Agency #	
Address		Agency Name	
City/State/Zip		Address	
Name and Addresses of Additional Insureds		Home Phone	
		Day Phone	
Loss Payee Name And Address		Premium Finance or Additional Interest Name and Address	

**HULL**

Model of Boat		Hull ID (12 Digits)		Pur. Date		Pur. Price	
Length	Beam	Year Built	Manufacturer		Max Speed		
Propulsion Type: Inboard > <input type="checkbox"/> Inboard/Outboard > <input type="checkbox"/> Outboard > <input type="checkbox"/> Sailboat > <input type="checkbox"/>							
MOTORS		OUTDRIVE MAKE		YEAR HORSEPOWER		SERIAL NUMBER	
ENGINE #1							
ENGINE #2							
ADDITIONAL EQUIPMENT		MAKE		SERIAL NUMBER		VALUE	
Trolling Motor:							
Depthfinder/Graph:							
Other:							

**TRAILER**

Make		Serial Number (17 digits)				Value	
Twin Axle	Length	Year	License #		License State		

**MOORING, NAVIGATION AND STORAGE INFORMATION**

MOORING LOCATION Name & Address of Marina Or Lake Residence		STORAGE & WINTER LOCATION Name & Address of Marina or Lake Residence	
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YACHT PROGRAM ONLY – NAVIGATIONAL LIMITS-Watercraft will be operated on the following named lake \_\_\_\_\_  
 (with River Coverage option, watercraft may be operated on all inland lakes and rivers in coverage area)

**COVERAGES REQUESTED**      COVERAGE EFFECTIVE DATE \_\_\_ / \_\_\_ / \_\_\_ STARTING AT 12:01 AM

Hull Coverage	\$	Trailer Coverage	\$
Motor Coverage	\$	Personal Effects Coverage	\$
Machinery Replacement	YES NO	Liability Coverage	\$
Deductible		Medical Coverage	\$
River Coverage	YES NO	Uninsured Boater Coverage	Yes No

**PREMIUMS**

Hull & Motor Premium	\$
Machinery Depreciation Premium	\$
River Coverage Premium	\$
Trailer Premium	\$
Personal Effects Premium	\$
Liability Premium	\$
Medical Premium-Motorboat Only	\$
Uninsured Boater Premium	\$

**TOTAL PREMIUM**  
\$ \_\_\_\_\_

**Payment must accompany application payable to First Marine Insurance Company.**





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## Payment with Application

**You may elect to pay the first year's premium in one or two installments**

If you chose two installments, the first payment is due with the application and the second is due in 45 days.

An installment payment fee of \$10 will be charged for the installment payment option.  
(OK - \$5 and NE - \$6)

**I will pay the first year's premium in \_\_\_\_\_ installment(s)**

**Premium Installment Charge \_\_\_\_\_**

**Amount to pay with application \_\_\_\_\_**

**Amount of second installment \_\_\_\_\_**

**Payment method with application (circle one) Check / Visa / MasterCard**

**Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_**

I authorize the above-billed amount to be charged to my credit card

**APPLICANT'S ACKNOWLEDGEMENT AND ACCEPTANCE OF PREMIUM PAYMENT PLAN**  
I, the undersigned acknowledge receipt and acceptance of the terms and conditions of the Premium Payment Plan option set forth above which become part of the Application and Policy by attachment.

**NOTICE:**

**Failure to remit your remaining premium payment will be construed as your request for Cancellation of the policy, and minimum earned premium amounts will apply.**

\_\_\_\_\_  
Date Signature of Cardholder

**Attach and send one (1) copy of signed payment agreement with application.**