



Phone: 800-952-8699; Option #4
Fax: 800-889-1807

Travelers Boat Unit
PO Box 3021
Fall River MA 02722

*** All fields must be completed! ***

Travelers Boat Application (Boats in size from 0' - 25' 11") Effective Date: _____

Agency Name BUSA INSURANCE		Producer BUSA		Agency Code (6 digits) OXJ849	
Agency Phone No. 631 698 3558		Agency Fax No. 631 698 6128		Insured Phone No. _____	
Insured Name _____		Street Address _____		City _____ State _____ Zip Code _____	

Description of Property - Insured Watercraft

Motor Type <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Outdrive <input type="checkbox"/> Water jet		# of Engines: <input type="checkbox"/> Twin <input type="checkbox"/> Single <input type="checkbox"/> No Engine		Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Other:		Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> None		Max. Speed _____		Boat Type <input type="checkbox"/> Sail <input type="checkbox"/> Power <input type="checkbox"/> Other:	
Boat	Year	Manufacturer		Model		Length	Total H.P.	Serial Number (HIN)			
Outboard Motors											
Trailer											
Total Purchase Price		Purchase Date		<input type="checkbox"/> Attach Bill of Sale if purchased in past 2 years		Date of last survey		Is a copy available? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach copy)		Vessel Name	

Coverages

Boat (Including Auxiliary Equipment, please breakdown o/b information)	\$
Outboard Motor 1. (ACV Coverage)	\$
Outboard Motor 2. (ACV Coverage)	\$
Boat Trailer	\$
Personal Property (\$500 automatic)	\$
Commercial Towing (\$400 automatic)	\$
Boat Liability	\$
Medical Payments (\$1,000 Automatic W/Liability)	\$
Uninsured Boater (Equal to Boat Liability)	\$
Optional Coverages: <input type="checkbox"/> Fishing Equipment \$ _____ <input type="checkbox"/> Actual Cash Value	
<input type="checkbox"/> Agreed Value -Endorsement	

Amount of Insurance

\$
\$
\$
\$
\$
\$
\$
\$
\$

Deductibles

1%/\$100 Minimum
\$ 100.00
\$ 250.00
No Deductible

Safety Equipment

<input checked="" type="checkbox"/> Which apply	
<input type="checkbox"/> GPS	<input type="checkbox"/> Radar
<input type="checkbox"/> Automatic CO2 (Halon)	<input type="checkbox"/> Plotter
<input type="checkbox"/> Ship/Shore Radio (VHF)	<input type="checkbox"/> EPIRB
<input type="checkbox"/> Depth Sounder	<input type="checkbox"/> Vapor Detector Alarm
<input type="checkbox"/> Electronic Burglar Alarm	

Waters To Be Navigated (Which apply)

<input type="checkbox"/> Inland waters of the following states: _____	Is the boat chartered or used for other than private pleasure purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain in Remarks
<input type="checkbox"/> Coastal waters of the following states: _____	

Mooring Location

Summer Mooring Location	Marina, Street, City, County, State, Zip
<input type="checkbox"/> Residence <input type="checkbox"/> Marina	
Winter Mooring Location	Marina, Street, City, County, State, Zip
<input type="checkbox"/> Residence <input type="checkbox"/> Marina	

Owner/Operator Information

List all operators of boat (including minor and occasional operators).

Operator's name	Birth Date	Years experience	% use	Driver's license no. & state
1.	/ /			
2.	/ /			
3.	/ /			
4.	/ /			

Have you (or the principal operator listed above) completed any boat safety courses offered by the following organizations? (Check if applicable)

US Power Squadron US Coast Guard Other:

Previous Boats owned/operated (specify size/type/years owned)	Previous/current insurance company
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Boating losses (Date, operator name, description, amount)	Has insurance ever been canceled or declined? (Not applicable in MO)
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Criminal Convictions (arson, burglary) within the past 5 years?	Applicant's occupation
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Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Previously declined, canceled, nonrenewed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes explain in remarks)
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Is this boat used for racing? No Yes If yes, what % of time? _____%

General Information

1. Motor vehicle accidents and/or convictions in past 3 years. (Describe Date, Amount, Type, in Remarks)	2. Do you use the boat for water skiing? <input type="checkbox"/> No <input type="checkbox"/> Yes, what percentage of time? _____ %
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Remarks

Loss Payee

Loss Payee Name	Alternate Payor
Address	Address
City State Zip Code	City State Zip Code

Additional Insured

Name	Address	City	State	Zip Code
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To be completed by Agent

1. Account Bill <input type="checkbox"/> Yes Account # _____	2. How many years have you known the applicant?	3. Do you handle other insurance for the applicant <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> with Travelers Please list all policy numbers
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Signature

The statements made on this application are accurate to the best of my knowledge. I agree that this application shall constitute a part of any policy issued whether attached or not. I understand that any false or inaccurate information may result in my policy being made null and void or canceled as permitted by state law. I also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of Applicant: _____ **Date:** _____

To the best of my knowledge, the applicant has provided truthful information and I certify that the above signature is that of the named insured.

Signature of Agent: BUSA INS. _____ **Date:** _____