



CAMERON M. WILSON & ASSOCIATES Marine Underwriters / Excess Surplus Lines

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Date _____
Your Fax Number _____
Your Email _____
Agency _____

Exp. Prem. _____
Renewal Prem. _____
Producer Name _____

******PLEASE FILL OUT COMPLETELY TO RECEIVE A QUOTE******

Yacht Owner

Name _____ DOB ___/___/___ Soc. Sec # _____
Address _____ City _____ State _____ ZIP _____
Occupation _____
Last Vessel Owned _____ Experience _____
Seamanship Course? Yes No Losses _____
Driving Record (MVR) _____

If other operators please complete separate resume of personal boating experience

Mooring Details

Name of In Season Marina or Other Location _____
Address: _____
City _____ State _____ Zip Code _____

Storage Details

Name of Storage Marina or Other Location _____
Address: _____
City _____ State _____ Zip Code _____

Yacht

Year _____ Make _____ Model _____
Length _____ H.P. _____ Max Speed _____ Hull ID: _____ Fuel: Gas Diesel
 Fiberglass Aluminum Steel Wood I/O I/B O/B Jet
 VHF Depth Finder Radar Loran/GPS Marine Compass
Engine Manufacturer _____ Purchase Date ___/___/___ Purchase Price \$ _____
Intended Use Private Pleasure Charter Fishing Guide Commercial Live Aboard
Navigational Area _____ Lay Up Dates ___/___ to ___/___

Insurance Coverage

Hull Value \$ _____ Liability Limits: \$100,000 \$300,000 \$500,000 \$1,000,000
Trailer Value \$ _____ Dinghy Value \$ _____ Fishing Equipment \$ _____
Medical Payments _____ (\$1,000 Included) Remarks _____

Signature of Insured: _____ Date ___/___/___

Signature of Insured: _____ Date ___/___/___

Agency Signature: _____ Date ___/___/___

RESUME OF PERSONAL BOATING EXPERIENCE

Please complete for each named operator

1. Name of Operator _____

Address _____

City _____ State _____ Zip _____

2. Divers License Number _____ State _____

3. Date of Birth ___/___/___ Age of Operator _____

4. Occupation _____

5. Years of general boating experience _____ 6. Years of titled boat ownership _____

7. Prior boats you have owned AND/OR operated: COMPLETE ALL CATEGORIES

Year	Length	Manufacturer	Model (CAT)	Dates Operated (from year)	Dates Operated (to year)

8. List all waters or areas you have navigated: (Atlantic, Great Lakes, Bays, Bahamas, Caribbean, etc)

9. List Licenses, Boating Courses, Boating Education Classes, etc. completed (if non, write "None")

10. List all marine insurance claims and/or prior marine loss history in past 5 years (if non, write "None")

I HEARBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature of Insured: _____ Date: ___/___/___