



**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<br>(from year) | Dates Operated<br>(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: \_\_\_/\_\_\_/\_\_\_