RISK STRATEGIES ONE DESIGN ANNUAL INSURANCE APPLICATION

Email Completed Form To: *OneDesignSailingGowrie@risk-strategies.com*

BOAT OWNER INFORMATION

Name:			**Date of Birth:**
Primary Address:			
City:	**State:**	**ZIP:**	**Marital Status:** Married
Phone:	**Email:**		**Home Owner:** Rent

Do you have additional owners? *(If yes, provide name and address of each owner on separate page)* YES ☐ NO ☐

Is your primary residence in the continental US? *(If no, contact the program manager for other options)* YES ☐ NO ☐

Do you have a Loss Payee (boat loan)? *(If yes, list Loss Payee name and address)* YES ☐ NO ☐

Type of Insured: Individual ☐ Corporation ☐ LLC ☐ Trust ☐

If corporately owned, is corporation sole purpose for holding boat? YES ☐ NO ☐

If not a new purchase, is boat listed for sale? YES ☐ NO ☐

Was the boat purchased as salvage? YES ☐ NO ☐	**Does the boat have prior or existing damage?** YES ☐ NO ☐
Any owner or operator with a driving violation in the last 3 years? YES ☐ NO ☐	**Any owner or operator have a conviction of Felony?** YES ☐ NO ☐
Any owner or operator convicted of a BUI, DUI, OUI or DWI in the last 3 years? YES ☐ NO ☐	**Has owner's insurance ever been declined, non-renewed, or canceled?** YES ☐ NO ☐

Have you had any marine insurance losses in the last 5 years? *(If yes, list claim details, year, and amount paid)* YES ☐ NO ☐

Claim Details *(if applicable)*

BOAT & EQUIPMENT INFORMATION *(no wooden boat)*

One-Design Class:		**Hull ID #:**	
Purchase Date:	**Manufacture Date:**	**Purchase Price**	**Length:**
Hull Material:		**Carbon Fiber Mast:** YES ☐ NO ☐	

Do you own this boat? YES ☐ NO ☐ If **NO**, explain:

Do you want to insure a trailer? YES ☐ NO ☐ Trailer Make/Model/Year:

Do you want to insure a dolly? *(If yes, insert value in chart below)* YES ☐ NO ☐

Do you employ paid crew? YES ☐ NO ☐ If **YES**, how many?

Does the boat have lithium batteries? YES ☐ NO ☐

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INSURANCE INFORMATION

Coverage	Limits of Insurance	Deductible
Boat & Equipment Value – Agreed Value (Includes sails, rig, covers)	$	Non racing: the greater of 2% or $250min Racing: the greater of 5% or $500 min
Liability Limit (Options: $300K, $500K, $1M; $2M only available w/ worldwide nav.)	$	N/A
Trailer Value – Actual Cash Value	$	$100.00
Dolly Value – Actual Cash Value	$	$100.00
Medical Payment Coverage	$5,000	N/A
Uninsured Boater Coverage	$100,000	N/A

Deductible Options: ☐ 2% primary/5% while racing ☐ 5% primary/5% while racing

Additional Equipment on Shore *(value)*: **$** | **Worldwide Trailer Coverage:** YES ☐ NO ☐

BOAT USAGE

Which of the following describes where you will use your boat in the next 12 months? *(select 1 Option)*

☐ NATIONAL
Includes continental US, Canada and Mexico not to exceed 10 miles from land (not including USVI, Puerto Rico, Hawaii)

☐ WORLDWIDE

Summer Boat Location *(6/30 to 11/1)* **City:** **State:** **ZIP:**

How is the boat secured/stored in the summer?

☐ MOORING ☐ DOCK ☐ INDOOR STORAGE ☐ DOLLY ASHORE ☐ TRAILER ASHORE ☐ OTHER

Winter Boat Location *(11/2 to 6/29)* **City:** **State:** **ZIP:**

How is the boat secured/stored in the winter?

☐ MOORING ☐ DOCK ☐ INDOOR STORAGE ☐ DOLLY ASHORE ☐ TRAILER ASHORE ☐ OTHER

Do you plan on chartering your boat *(for a fee)* **to another person within the next 12 months?** *(If yes, where)* YES ☐ NO ☐

Chartering Area:

Do you plan on chartering the same class boat, for your own use, within the next 12 months? YES ☐ NO ☐

Chartering Area:

APPLICANT STATEMENT

I have read the above application and I declare that to the best of knowledge and belief, all of the statements and information are true; and that these statements and information are offered as an inducement for the Company to issue the policy for which I am applying. It is agreed the information furnished herein shall be the basis of the contract for the policy issued. I acknowledge the One Design Policy is a 12-month contract and the premium is fully earned.

Signature: **Date:**