

RISK STRATEGIES EVENT INSURANCE APPLICATION

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

REGATTA & BOAT INFORMATION

Regatta/Event Location: City, State, Zip Co	de:					
Name of Regatta/Event:			Dates (including practice):			
One-Design Class:	Year Built:		Hull ID#:	Length:		
Hull Material:			Carbon Fiber Mast:	YES	NO	
Does the boat have lithium batteries?		YES	NO			
Do you have paid Crew or a paid Skipper? NO YES			If YES, how many are paid in total?			
Comments:						
ROAT OWNED INFORMATION						

BOTH CHILDREN HIT CHIND HITCH								
Name:								
Street Address:								
City:	State:			ZIP:		Country:		
Email:			I	Phone:				
Is the Boat Financed? YES NO If YES, list Bank Name & Address:								
Type of Insured: Individual Corpo	oration	LLC	Tru	st		wned, is corporation or holding boat?	YES	NO
Any owner or operator have a conviction of Felony?	YES	NO	Has owner's insurance ever been declined, non-renewed, or canceled?			YES	NO	
Any owner or operator with a driving violation in the last 3 years?	YES	NO	_		or operator co	nvicted of a BUI, at 3 years?	YES	NO
Any insurance losses/claims in last 5 years:						YES	NO	
If YES, list loss/claim details including year and \$ amount:								

CHARTERER INFORMATION: (fill this section out if the "charterer" is not the boat owner)

Name:			Date of Birth:	
Street Address:				
City:	State:	ZIP:	Country:	
Email:		Phone:		

INSURANCE INFORMATION

Boat & Equipment:	\$	Value of boat & equipment (not including trailer/dolly), as declared by boat owner.
Third-party Liability:	\$	Options: \$300K or \$500K
Medical Payments:	\$ 5,000	Included with Event Insurance (fixed amount)
Uninsured Boater:	\$ 100,000	Included with Event Insurance (fixed amount)

APPLICANT STATEMENT

I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements and information is true; and that these statements and information are offered as an inducement to 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.

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Signature:	Date: