



# A. E. BARNES INSURANCE AGENCY, INC.

Your Key To Professional Service For Over 90 Years

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Corporate and Personal Insured Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Purchase Price & Date: \_\_\_\_\_

Loss Payee: \_\_\_\_\_ Address: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_ Hull Construction: \_\_\_\_\_

# of Engines: \_\_\_\_\_ Mfg: \_\_\_\_\_ HP each: \_\_\_\_\_ Drive: \_\_\_\_\_ Fuel: \_\_\_\_\_ Top Speed: \_\_\_\_\_

Tender/Trailer (circle one): \_\_\_\_\_ Value: \_\_\_\_\_ # of Personal Watercraft: \_\_\_\_\_ Value: \_\_\_\_\_

VHF: \_\_\_\_\_ Radar: \_\_\_\_\_ GPS: \_\_\_\_\_ Halon: \_\_\_\_\_ Fume Detector: \_\_\_\_\_ Lay-up Period: \_\_\_\_\_

Date of most recent Hauled Survey: \_\_\_\_\_ Registration: \_\_\_\_\_

Vessel Mooring Location(s): \_\_\_\_\_ Address: \_\_\_\_\_

Vessel Usage (circle all that apply): Private Pleasure / Live Aboard / Occasional Charter / Full-time Charter

Specify # of paid Captain or crew members: Captain: \_\_\_\_\_ Crew: \_\_\_\_\_ Occasional Crew: \_\_\_\_\_ Engineer: \_\_\_\_\_

Navigation (circle all that apply): Atlantic Coast / Gulf Coast / Great Lakes / Bahamas / Caribbean

Special Navigation: \_\_\_\_\_

Hurricane Plan: \_\_\_\_\_

<u>OPERATOR'S NAME</u>	<u>AGE or DATE OF BIRTH</u>	<u>DRIVING RECORD</u>	<u>OCCUPATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
<u>YEARS EXPERIENCE</u>	<u>COURSES/LICENSES</u>	<u>PRIOR OWNED/OPERATED VESSELS</u>	
_____	_____	_____	
_____	_____	_____	

Have you ever experienced any marine insurance claims or losses in the past? YES / NO  
If yes, please explain in detail: \_\_\_\_\_

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**Policy Limits and Additional Information:**

Hull & Machinery:	\$ _____	Binding Date:	_____
Liability Limit (P&I):	\$ _____	Present Carrier & Premium:	_____
Medical Payments:	\$ _____	Policy Expiration Date:	_____
Personal Effects:	\$ _____	Deductible Amount:	_____
Personal Watercraft:	\$ _____		
Tender/Trailer:	\$ _____		
Phone #:	_____	Email Address:	_____
Cell Phone #:	_____	Fax #:	_____