GowrieGroup

Insurance • Benefits • Finance | 800.262.8911 | gowrie.com

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Newport Office
449 Thames Street, Suite 302
Newport, RI 02840

Darien Office
455 Post Road, Suite 202
Darien, CT 06820

One Design Insurance Application

BOAT OWNER INFORMATION:

Name:		Date of Birth:
Primary Address:		
City:	State:	Zip:
Daytime Phone:	Email:	
Years Boating:	US SAILING Number:	
Do you have additional owners? Yes ☐ No ☐ *If yes, provide name and address of each owner on separate page*		
Are you a resident of the continental US? Yes ☐ No ☐ *If no, contact the Program Manager for other options*		
Do you have a Loss Payee (boat loan)? Yes ☐ No ☐ *If yes, list Loss Payee name and address*		
Have you had any marine insurance losses in the last 5 years: Yes ☐ No ☐ *If Yes, list claim details, year and amount paid: (or indicate NONE)*		

BOAT & EQUIPMENT INFORMATION (No wooden boats)

One Design Class:	Do you own this boat? Yes ☐ No ☐ *If no, explain:*	Purchase date:
		Purchase price:
Does this boat have an outboard engine? Yes ☐ No ☐	Manufacturers Hull ID #: (not the sail number)	Year boat was built:
If Yes: HP: Engine Serial #		Length of boat:
Do you want to insure a trailer? Yes ☐ No ☐ *If Yes, insert value in chart below*		
Do you want to insure a dolly? Yes ☐ No ☐ *If Yes, insert value in chart below*		

LIMITS OF INSURANCE:

Boat & Equipment Value (Includes sails, rig, covers)	$	*This amount is the purchase price, not including the trailer or dolly*
Liability Limit	$	*Options are: $300K, $500K, $1MM, $1.5MM, or $2MM*
Trailer value	$	*Insert approximate value if applicable*
Dolly value	$	*Insert approximate value if applicable*
Medical Payment coverage:	$ 5,000	*Included*
Uninsured Boater coverage:	$ 100,000	*Included*

BOAT USAGE:

Which Of The Following Describes Where You Use Your Boat? (**Select 1 option**)

- ○ Local *(This is for sailors who sail, store, trailer and use their boat within 100 miles from the address above)*
- ○ National *(Includes continental US, Canada and Mexico)*
- ○ Worldwide

Boat location during hurricane season (6/30 to 11/1), *CITY:* *ST* *ZIP*

Boat location the rest of the year (11/2 to 6/29), *CITY:* *ST* *ZIP*

Do you plan on chartering your boat (for a fee) to another person within the next 12 months? Yes ☐ No ☐

Do you plan on chartering the same class boat for your own use within the next 12 months? Yes ☐ No ☐ *If yes, where?*

Do you have Paid Crew? Yes ☐ No ☐ *If yes, how many?*

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.*

Boat owner signature:	**Date of signature**:
How did you hear about the One Design Insurance Program?	

Sarah Davidson, *One Design Program Manager*, onedesign@gowrie.com, p: 800.262.8911 x 1627 f: 860.399.3620