

GM VA 072009

G & M MARINE, INC.
818 Howard Ave. Suite 201, New Orleans, LA 70113
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Vessel Application

NAME OF VESSEL _____ TYPE _____ HOME PORT _____ OFFICIAL/I.D. NUMBER _____

REGISTERED OWNER _____ AGE _____ OCCUPATION (SOURCE OF INCOME) _____

PHYSICAL ADDRESS OF OWNER _____ DOES OWNER REGULARLY OPERATE? _____

NO. OF OPERATING CREW (INCLUDING CAPTAIN) _____ NUMBER OF PASSENGERS _____

YEAR BUILT _____ BY WHOM _____ WHERE _____

WAS VESSEL PURCHASED NEW _____ USED _____ FROM WHOM? _____ WHERE? _____ PRICE PAID TO SELLER _____

DATE PURCHASED: _____ PRESENT DAY MARKET VALUE: _____ WOOD, STEEL OR FIBERGLASS: _____

OUTSTANDING MORTGAGE BALANCE: _____ TO WHOM: _____ LENGTH O.A. _____ BEAM: _____ DEPTH: _____

SINGLE OR TWIN ENGINE _____ VESSEL SPEED _____ NUMBER OF WATER TIGHT COMPARTMENTS IN HULL _____

MAKE OF ENGINE(S) _____ MODEL(S) _____ YEAR BUILT _____ H.P. EACH _____

WHAT WATERS ARE NAVIGATED _____

IS VESSEL USED FOR PRIVATE PLEASURE ONLY _____ ANY COMMERCIAL USE _____

FOR WHOM DOES VESSEL WORK _____ DESCRIBE WORK _____

AMOUNT OF HULL INSURANCE REQUESTED _____ PROTECTION & INDEMNITY (LIABILITY) _____

NAME OF PRESENT OR LAST INSURER _____ DATE EXPIRES _____ AGENT _____

BOATING EXPERIENCE: DESCRIBE ANY OTHER VESSELS OR MARINE EQUIPMENT OWNED OR OPERATED BY OWNER FOR THE PAST FIVE YEARS. **(IF NONE, SO STATE)**

HAVE ANY VESSELS OWNED OR OPERATED BY THE ASSURED BEEN REPOSSESSED IN THE LAST FIVE YEARS? YES _____ NO _____

GIVE FULL PARTICULARS OF FIRE, MARINE AND PROTECTION AND INDEMNITY LOSSES, INSURED OR UNINSURED, SUSTAINED BY OWNER FOR THIS OR ANY OTHER VESSEL DURING THE PAST FIVE YEARS **(IF NONE, SO STATE)**

VESSEL NAME	DATE OF LOSS	TYPE OF LOSS	AMOUNT OF LOSS	IS FILE CLOSED?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signing this form does not bind the owner to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued, and authorizes the Company to conduct an investigative consumer report.

PLEASE REVIEW BOTH SIDES CAREFULLY BEFORE SIGNING BECAUSE FALSE INFORMATION MAY VOID YOUR INSURANCE.

Owner: Signature and Title _____ Social Security Number _____ Telephone _____ Date _____

Agent/Broker: Name _____ Address _____ Telephone _____ E-Mail _____

Witness: Signature _____ Date _____

Supplemental (If owner is a corporation or partnership)

I. List ALL (100%) of the owners or stockholders.

- 1. _____, % of ownership _____
- 2. _____, % of ownership _____
- 3. _____, % of ownership _____
- 4. _____, % of ownership _____
- 5. _____, % of ownership _____

II. List all vessel(s) in which the above owners or stockholders have had any ownership, management, or operating interest during the past FIVE years for each: (If none, so state for each)

STOCKHOLDER	VESSEL	DIMENSIONS	H.P.	FROM	TO
#1.	_____	_____	_____	_____	_____
#2.	_____	_____	_____	_____	_____
#3.	_____	_____	_____	_____	_____
#4.	_____	_____	_____	_____	_____
#5.	_____	_____	_____	_____	_____

III. Have any vessels owned or operated by the assured been repossessed in the last five years? Please list:

IV. Have any of the owners or stockholders listed above had any losses for any of the vessels listed above? If so, describe. If none, so state.

VESSEL NAME	DATE OF LOSS	TYPE OF LOSS	AMOUNT OF LOSS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OWNER'S SIGNATURE TITLE TELEPHONE DATE

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MARINE INSURANCE UNDERWRITERS

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