

ROBERT W. SCHMIDT & COMPANY  
3505 North 124th Street  
Brookfield, WI 53005-2489

## HULL INSURANCE APPLICATION

(Please complete for each vessel to be insured)

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name and Description of Vessel: \_\_\_\_\_

Dimensions of vessel: \_\_\_\_\_

Where was vessel Built: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Date Built: \_\_\_\_\_

Rebuilt: \_\_\_\_\_ Material: \_\_\_\_\_ Steel: \_\_\_\_\_ Fiberglass: \_\_\_\_\_

Make of Engines: \_\_\_\_\_ Built: \_\_\_\_\_ Rebuilt: \_\_\_\_\_ H.P.: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Home Port: \_\_\_\_\_ Official Number: \_\_\_\_\_ Waters Navigated: \_\_\_\_\_

Is Vessel Laid Up During Year?  YES  NO Where? \_\_\_\_\_

Length of Navigation Season: \_\_\_\_\_

Cost New: \$ \_\_\_\_\_ Replacement Cost: \$ \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Amount of Insurance Desired \$ \_\_\_\_\_

Date of last haulout: \_\_\_\_\_

Date of most recent survey (please attach): \_\_\_\_\_

Applicant's Experience and Reputation: \_\_\_\_\_

## FIVE YEAR PREMIUM AND LOSS RECORD

YEAR	GROSS PREMIUM	LOSSES PAID **	LOSSES OUTSTANDING
<b>TOTAL</b>			

\*\* (Please describe all losses paid or outstanding in excess of \$ 5,000)

**DESCRIBE SPECIAL FEATURES:** \_\_\_\_\_

**INSURANCE DESIRED:**

- Navigating
- Port Risk
- I.V. or excess

Deductible: \$ \_\_\_\_\_

**LOSS PAYEE:** \_\_\_\_\_

\_\_\_\_\_  
Insured's signature

\_\_\_\_\_  
Date