



EVENT INSURANCE APPLICATION

Fax, scan, or email the completed form to 860.399.3620 or onedesign@gowrie.com

REGATTA & BOAT INFORMATION

Regatta City, State, Zip code:		
Name of Regatta:		Dates required:
Class:	Year Boat Built:	Hull ID # :
Do you have PAID CREW? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, how many? _____		

BOAT OWNER INFORMATION

Name:			
Street Address:			
City:	State:	Zip:	Country:
Phone:		Email:	
Is the boat financed? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, list the Bank Name and Address):			

CHARTERER INFORMATION- If applicable

Name:			Date of Birth:
Street Address:			
City:	State:	Zip:	Country:
Phone:		Email:	
Insurance losses/claims in last 5 years: YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, list loss/claim details including year and \$ amount):			

INSURANCE INFORMATION

Boat & Equipment:	\$	Value of boat and equipment (not including trailer/dolly), as declared by boat owner
Third-party Liability:	\$	Choose: \$300,000,\$500,000,\$1,000,000 or \$2,000,000
Medical Payments:	\$ 5,000	Included with Event Insurance
Uninsured Boater:	\$100,000	Included with Event Insurance

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.	
Signature:	Date: