PORT RISK COVERAGE REQUEST

(Required to obtain or continue Port Risk Coverage)

OWNER_____ POLICY # _____

ADDRESS_____

CITY_____ STATE _____ ZIP_____

BOAT'S NAME _____ LENGTH_____ YEAR _____

BUILDER _____ BOAT TYPE/ MODEL _____

BOAT WILL NOT BE USED AND IS: ☐ UNDER CONSTRUCTION ☐ BEING RESTORED

☐ AWAITING RESTORATION ☐ OTHER (EXPLAIN) _____

_____

WHERE IS BOAT LOCATED? (ADDRESS)_____

DESCRIPTION OF BOAT'S STORAGE FACILITY _____

SECURITY PROVISIONS AT FACILITY _____

HOW OFTEN IS BOAT CHECKED?_____ BY WHOM?_____

BOAT IS: ☐ AFLOAT ☐ ASHORE

IF AFLOAT, DOES THE BOAT HAVE: *MANUAL* BILGE PUMPS? YES_____ NO_____ HOW MANY?_____

AUTOMATIC BILGE PUMPS? YES____ NO____ CAPACITY_____ HOW MANY?_____

HOW IS THE BATTERY CHARGED? _____

IF AFLOAT, IS THE BOAT AT ☐ DOCK ☐ MOORING

IF AT MOORING GIVE ANCHOR TYPE_____ANCHOR WEIGHT _____ CHAIN SIZE _____

RODE SIZE_____ WHEN WAS ENTIRE MOORING LAST INSPECTED? _____

IF AFLOAT, ARE ALL THRU HULL VALVES CLOSED? _____ IF NOT, WHY?_____

IF AFLOAT, ARE ALL OTHER HULL PENETRATIONS AND CONNECTING HOSES (EXHAUST, HEAD, COCKPIT DRAINS, INTAKE, ETC.) PROPERLY INSTALLED?_____

IF NOT PLEASE DESCRIBE INSTALLATION_____

BOAT IS BEING RESTORED AND IS NOW _____% COMPLETE. ESTIMATED COMPLETION DATE IS _____

I HAVE INVESTED $ _____ FOR THE INITIAL ACQUISITION AND $_____ TOWARD THE RESTORATION. I BELIEVE AT THIS POINT THE BOAT IS WORTH $ _____. I WISH TO INSURE THE BOAT FOR A VALUE OF $ _____. BRIEFLY DESCRIBE REMAINING WORK TO BE DONE. _____

_____

PLEASE ENCLOSE CURRENT INTERIOR AND EXTERIOR PHOTOS.

PORT RISK COVERAGE FOR THE ABOVE DESCRIBED BOAT IS HEREBY REQUESTED. THE UNDERSIGNED OWNER CERTIFIES THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT AND UNDERSTANDS THAT PORT RISK INSURANCE EXCLUDES ANY COVERAGE FOR NAVIGATION OR MOVEMENT OF THE BOAT VIA TOWING, ITS OWN POWER OR SAIL, TRAILER OR ANY OTHER MEANS WITHOUT PRIOR WRITTEN APPROVAL FROM HERITAGE MARINE INSURANCE.

SIGNATURE_____ DATE _____

SIGNATURE OF OWNER

PO BOX 188, MYSTIC, CT 06355
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