



PORT RISK COVERAGE REQUEST

(Required to obtain or continue Port Risk Coverage)

OWNER _____ POLICY # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ EMAIL ADDRESS _____
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 IN THE WATER VIA TOWING, ITS OWN POWER OR SAIL, OR ANY OTHER MEANS WITHOUT PRIOR WRITTEN APPROVAL FROM HERITAGE MARINE INSURANCE.

SIGNATURE _____ DATE _____

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