

**ADDITIONAL SUPPLEMENTAL QUESTIONS**



INSURED'S PHONE NUMBER \_\_\_\_\_

INSURED'S EMAIL ADDRESS \_\_\_\_\_

OCCUPATION OF INSURED \_\_\_\_\_

LAST SURVEY \_\_\_\_\_ IF HAVE A SURVEY ATTACH TO  
APPLICATION

LAST SURVEYOR \_\_\_\_\_

MAXIMUM SPEED (KNOTS) \_\_\_\_\_

CRUISING RANGE \_\_\_\_\_

NUMBER OF HANDHELD FIRE EXTINGUISHERS \_\_\_\_\_

REMOTE (STATE NUMBER AND MAKE OF FIRE EXTINGUISHERS \_\_\_\_\_

CARRIED) AUTOMATIC (STATE NUMBER AND MAKE OF FIRE \_\_\_\_\_

EXTINGUISHERS) \_\_\_\_\_ --

WHERE IS THE VESSEL MOORED? \_\_\_\_\_

IS THE VESSEL LAID UP LAID UP ASHORE OR AFLOAT? \_\_\_\_\_

HOW IS THE VESSEL STORED \_\_\_\_\_ -

SAFETY EQUIPMENT USED \_\_\_\_\_

WHERE VESSEL REGISTERED \_\_\_\_\_

PRIOR INSURANCE (NAME OF COMPANY \_\_\_\_\_

DATE POLICY EXPIRING IF HAD PRIOR \_\_\_\_\_