

Marine Insurance Application

NAME (FIRST, MI, LAST)		DATE OF BIRTH		DRIVERS LICENSE/SS #	
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
EMAIL ADDRESS		CELL/OTHER		FAX	

VEHICLE LEINHOLDER					
NAME	STREET ADDRESS		CITY	STATE	PHONE

BOATING & MOTOR VEHICLE RECORD				
YEARS BOATING EXPERIENCE	DRIVING RECORD: (MINORS)	(MAJORS)	(ACCIDENTS)	(AT FAULT?)

ENGINE INFORMATION					PLEASE CHECK APPROPRIATE BOX(S)				
	YEAR	MAKE	SIZE	H.P.	V-DRIVE	JET	OUTBOARD	DIESEL	INBOARD/OUTBOARD
Engine #1									
Engine #2									
Engine #3									

VESSEL INFORMATION							
<input type="checkbox"/> NEW <input type="checkbox"/> USED	YEAR	MAKE	MODEL	LENGTH	MILEAGE	MAX SPEED	VALUE

TRAILER INFORMATION						
<input type="checkbox"/> NEW <input type="checkbox"/> USED	YEAR	MAKE	MODEL	NUMBER OF AXLES		VALUE

PRIOR BOAT(S) OWNED AND OPERATED						
	YEAR	MAKE	MODEL	LENGTH	PURCHASE PRICE	YEARS OPERATED
Boat #1						
Boat #2						

For Office Use Only

All applicants: In submitting this application, you warrant and represent that the information that you are furnishing is truthful, accurate, and supplied voluntarily. I hereby authorize and request SeaDream, Inc. Finance & Insurance to produce an insurance quote(s) on my behalf.

APPLICANT SIGNATURE

DATE

SEADREAM CONTACT INFORMATION

Please fax completed application to **(866) 460-0180**
 If you would like to speak with us directly, please call **(866) 460-0170**

MAILING ADDRESS

300 S. Harbor Blvd. Suite 816
 Anaheim, CA 92805