

ALWAYS ON WATCH.

GOWRIE GROUP EVENT INSURANCE APPLICATION

Scan and email completed form to onedesign@gowrie.com

REGATTA & BOAT INFORMATION			
Regatta/Event Location: City, State, Zip Co	ode:		
Name of Regatta/Event:		Dates (including practice):	
One-Design Class:	Year Built:	Hull ID #:	
Do you have paid Crew or a paid Skipper?	NO □ YES □	If YES, how many are paid in tot	al?
Comments:		•	
BOAT OWNER INFORMATION			
Name:			
Street Address:			
City:	State:	Zip:	Country:
Phone:		Email:	
Is the boat financed? YES □ NO □ (If YES, list Bank Name & Address):			
CHARTERER INFORMATION (fill this sec	tion out if the "charte	erer" is not the boat owner)	
Name:			Date of Birth:
Street Address:			
City:	State:	Zip:	Country:
Phone:		Email:	
Any insurance losses/claims in last 5 years (If YES, list loss/claim details including year			
INSURANCE INFORMATION			
Boat & Equipment:	\$	Value of boat & equipment (not including trailer/dolly), as declared by boat owner	
Third-party Liability:	\$	Choose either \$300,000 or \$500,000	
Medical Payments:	\$ 5,000	Included with Event Insurance (fixed amount)	
Uninsured Boater:	\$100,000	Included with Event Insurance (fixed amount)	
APPLICANT STATEMENT:			
I have read the above application and I declare information is true; and that these statements a	nd information are offe	ered as an inducement to the Compa	ny to issue the policy for
which I am applying. It is agreed the information Signature:	n rumisned nerein sha	Date:	policy issued.