



From: [N C](#)
To: [David Anderson](#)
Subject: FW: Nathan Carman, Policy #: 3985989
Date: Saturday, June 10, 2017 1:43:41 AM
Attachments: [Survey Reply Form, Signed.pdf](#)
[Information Confirmation Pg. 1.pdf](#)
[Information Confirmation Pg. 2 Signed.pdf](#)

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From: N C
Sent: Friday, February 19, 2016 11:21 PM
To: insphotos@boat.us.com
Subject: Nathan Carman, Policy #: 3985989

To whom it may concern,

See the attached, signed documents. Please confirm your receipt of the attachments and that all of the necessary documents for my insurance policy have been satisfactorily completed.

Regards,
Nathan Carman
(802) 258-7186



Fax: 703-461-2840

Mail To: Administrative Office
880 S. Pickett Street
Alexandria, VA 22304

Recommendations Reply Form

Insured's Name: Nathan Carman Policy #: 3985989

Address: 3043 Fort Bridgeman Rd. City: Vernon State: VT Zip: 05354

Boat's Name: _____ Model Year: 1974 Length: 31 Ft.

Surveyor Recommendations:

1.. All items already taken care of. _____

2. These items already taken care of. (please list by recommendations number) A1, C4, C7

The remaining items will be completed by: March 30th, 2016

3. I do not agree with the surveyor's recommendations _____

Item #

Due To

Signature Nathan Carman

Date 02/19/2016



MARINE INSURANCE APPLICATION

1-800-283-2883 Fax: 703-461-2840
880 S. Pickett St., Alexandria, VA 22304

3985989-15
02/17/2016

IMPORTANT NOTICE:

YOU MUST CORRECT WRONG INFORMATION, COMPLETE ANY INFORMATION OMITTED, SIGN AND DATE THE BACK OF THIS FORM AND RETURN IT PROMPTLY. FAILURE TO CORRECT, COMPLETE OR SIGN THIS APPLICATION RENDERS THE POLICY VOIDABLE FROM INCEPTION.

WHO

Member No. 5557939 Titled/Registered Owner Nathan Carman
 Res. Address 3043 Fort Bridgman Rd
 City Vernon State VT Zip 05354-9451 Home Tele. (802)258-7186
 Work Tele. _____ Ext. _____ Fax _____ Cell _____ SSN _____
 Email ncarman10@outlook.com Year Of Birth *****1994
 Occupation _____ DL# 72969103 State VT
 Years Experience As Owner 1 As Operator 6
 List all automobile and/or boating violations, accidents or license suspensions in past 3 years. **IF NONE, CHECK HERE**
2015 Speeding ; 2015 Speeding ;
 List all claims or losses to this or other boats or from liability in the past 3 years. **IF NONE, CHECK HERE**
 Boating Education: USPS USCGA Other Active Member: USPS USCGA Coxswain

All Regular Operator's Names	Birth Date	Relation	Experience	Driver's Lic No./State	Violations

WHAT

Boat Year 1974 Builder Jc Model 31 Length 31 Beam 11
 Boat Name _____ HIN# MSZMT502J303 DOC# _____ REG# _____
 Hull Type: Cruiser Runabout Trawler Pontoon Bass
 Houseboat PWC Sail Aux.Sail Multihull Other
 Power Type Inboard Hull Material Fiberglass
 Engine Year 1990 # of Engines 1 HP Total 300
 PWC-Total CC's _____ Speed 24 Gas Diesel
 Boat Purchase Price \$ 48,000 Boat Purchase Date 12/15/2015 Trailer Year _____ Trailer Price \$ Not Incl
 Was this boat ever damaged? No Yes If Yes, explain _____
 Is this boat currently for sale? No Yes
 Prior Company UNKNOWN Prior Premium \$ _____ Ever cancelled or refused? No Yes

SIGNATURE REQUIRED ON REVERSE SIDE

WHERE

Private Pleasure Use Only? Yes No If No, type of charter or business _____
Is Boat used for Racing? Yes No If Yes, approximate % of racing _____ Types of races _____
Cruising Area U.S. Atlantic Coastal Waters excluding Florida Waters
Location of Boat Lockwood Marina Address 650 Succotash Rd
City E Matunuck State RI ZIP 02879 Phone (401)783-2868

HOW

If financed, list lender name and complete mailing address. **REQUIRED BY YOUR BANK.**
Lender Name _____ Account No. _____
Address _____
City _____ State _____ Zip + 4 _____

SPECIAL CONDITIONS, REQUIREMENTS AND COVERAGES

3985989

For faster service send any required documents by email to insphotos@boat.us, or by fax (excluding photos) to 703-461-2840. Include your name and application number on the subject line.
* Written confirmation of the action you have taken or plan to take in regard to the surveyor's recommendation(s) is required.
Please complete and return the form mailed to you or found at the following link:
<http://www.boat.us/document/surveyresponse.pdf>
* Your quotation reflects the maximum amount of liability coverage available.
* This is the minimum deductible available.
* BoatU.S. is delighted to provide a special discount for completing the boating courses indicated on your application. Your quotation reflects this credit.
* A package of valuable extras for one low price including \$10,000 per incident Medical Limits, \$2,500 in Personal Effects Coverage, a lowered Electronics Deductible (to \$100), and Ice and Freezing coverage is included.

MY SIGNATURE VERIFIES THE INFORMATION TO BE TRUE AND CORRECT. THIS APPLICATION DOES NOT BIND ME TO ACCEPT INSURANCE. NOR DOES IT MEAN BOATU.S. GUARANTEES ME INSURANCE COVERAGE. IF I ACCEPT AN OFFER OF INSURANCE, I AUTHORIZE ANY CREDIT REPORTING AGENCY OR STATE DMV THAT HAS KNOWLEDGE OF ME TO PROVIDE IT TO BOATU.S. TO BE USED FOR INSURANCE PURPOSES ONLY.

SIGNATURE: Nathan Carman **DATE:** 2/19/2016