

**American Reliable
Insurance Company**

**SUPPLEMENTAL HOUSEBOAT APPLICATION
FOR MULTI-OWNER HOUSEBOAT**

WARNER GLEAVE INSURANCE
P.O. BOX 3027
Page, Arizona 86040-3027
(928) 645-2431 - (800)340-4845
FAX: (928)645-9289

*****PRINT OR TYPE ALL INFORMATION*****

Please complete the following application for ALL owners of the vessel. Policy is a named operator policy with all owners listed on the policy as additional named insureds. Others may steer vessel, however, one of the owners below must be on board while underway.

Insured Vessel's Name: LEGASEA, LLC Policy #: B87-037-18

Owner #: ADD

Name: _____ D.O.B. _____

Moving violations within the last 36 months: _____ Drivers License #: _____

Years of Boating Experience: _____ Boating Losses in Past 5 Years: _____

Size and Type of Prior Vessels Owned and Operated: _____

Experience Operating Houseboats and Where: _____

Owner #: ADD

Name: _____ D.O.B. _____

Moving violations within the last 36 months: _____ Drivers License #: _____

Years of Boating Experience: _____ Boating Losses in Past 5 Years: _____

Size and Type of Prior Vessels Owned and Operated: _____

Experience Operating Houseboats and Where: _____

Owner #: _____

Name: _____ D.O.B. _____

Moving violations within the last 36 months: _____ Drivers License #: _____

Years of Boating Experience: _____ Boating Losses in Past 5 Years: _____

Size and Type of Prior Vessels Owned and Operated: _____

Experience Operating Houseboats and Where: _____

Owner #: _____

Name: _____ D.O.B. _____

Moving violations within the last 36 months: _____ Drivers License #: _____

Years of Boating Experience: _____ Boating Losses in Past 5 Years: _____

Size and Type of Prior Vessels Owned and Operated: _____

Experience Operating Houseboats and Where: _____

Owner #: _____

Name: _____ D.O.B. _____

Moving violations within the last 36 months: _____ Drivers License #: _____

Years of Boating Experience: _____ Boating Losses in Past 5 Years: _____

Size and Type of Prior Vessels Owned and Operated: _____

Experience Operating Houseboats and Where: _____

Owner #: _____

Name: _____ D.O.B. _____

Moving violations within the last 36 months: _____ Drivers License #: _____

Years of Boating Experience: _____ Boating Losses in Past 5 Years: _____

Size and Type of Prior Vessels Owned and Operated: _____

Experience Operating Houseboats and Where: _____