

Client Submission Checklist

Client: _____

Insured Risk: _____

Proposed Effective Date: _____

Please see the checklist below of all of the items that are required for you to submit in order to bind your coverage. Please make sure that you include all items with your submission to properly process your file, and sign below to affirm that you have submitted everything that is required.

Required for Binder Issuance:

Required	Attached	
<input type="checkbox"/>	<input type="checkbox"/>	Signed Submission Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Signed New/Renewal Application
<input type="checkbox"/>	<input type="checkbox"/>	Signed Updated Hurricane Storm Plan
<input type="checkbox"/>	<input type="checkbox"/>	Survey <i>In Water / Out of Water / Self</i>
<input type="checkbox"/>	<input type="checkbox"/>	Signed Letter of Compliance
<input type="checkbox"/>	<input type="checkbox"/>	Copy(ies) of Captain License(s)
<input type="checkbox"/>	<input type="checkbox"/>	Copy(ies) of Captain Resume(s)
<input type="checkbox"/>	<input type="checkbox"/>	Copy(ies) of Driver License(s)
<input type="checkbox"/>	<input type="checkbox"/>	Copy(ies) of Vessel Registration(s)
<input type="checkbox"/>	<input type="checkbox"/>	Signed Surplus Lines Disclosure Form
<input type="checkbox"/>	<input type="checkbox"/>	Signed Premium Finance Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Payment: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

I affirm that I have included all of the items listed above and request that my policy be bound effective: _____

Signature: _____

Date Signed: _____