

**DMS' OCEAN MARINE INSURANCE POLICY ENDORSEMENT  
FORM  
2008-2009: OMH5833046**

Agency Name and Mailing Address

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Contact Person

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Telephone Number

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**Coverage Endorsement**

**Quote Only**

Effective Date

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**Watercraft Information**

Year	Make	Name	Navigation Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Length	Beam	Hull Material	Propulsion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total HP (if applicable)	Primary Use	Crew Capacity	Average Crew
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**P&I Coverage**     **Add**     **Remove**

Requested Limit

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Requested Deductible

--

**Hull Coverage**     **Add**     **Remove**

Hull Value

--

Requested Deductible

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## Crew Information

Name

Position/Title

Date of Birth

Years of Experience (as-of effective date)

Licenses Held

Name

Position/Title

Date of Birth

Years of Experience (as-of effective date)

Licenses Held

Name

Position/Title

Date of Birth

Years of Experience (as-of effective date)

Licenses Held

Name

Position/Title

Date of Birth

Years of Experience (as-of effective date)

Licenses Held

Please email completed forms to the Department of Management Services for processing.

Michael Bailey, (850) 487-0417, [Michael.Bailey@dms.myflorida.com](mailto:Michael.Bailey@dms.myflorida.com)