



**Fire Department  
Insurance Program**

Risk Management  
**WATERCRAFT PHYSICAL DAMAGE COVERAGE**  
OMES Risk, Assessment and Compliance  
(Physical damage coverage at all times)

**GENERAL INFORMATION**

Fire department name	Date
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Mailing address

Contact name	Title	Email	Phone
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**WATERCRAFT INFORMATION**

<input type="checkbox"/> Add watercraft <input type="checkbox"/> Delete watercraft <input type="checkbox"/> Change to watercraft	Do you want liability coverage on this vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Requirements:

- Boats/hull up to 32 feet in length and vehicles shall be valued as the cost to repair or replace the property, whichever is less, with new equipment or vehicles of like kind and quality at the time of loss.

**Hull and trailer (if applicable)**

Hull material	Hull length and width	Trailer length and width
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Other:		

<b>Hull</b>	Year	Make	Complete VIN/Serial #
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<b>Trailer (if applicable)</b>	Year	Make	Complete VIN/Serial #
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Watercraft current market value	Trailer current market value	Registration #
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Inboard  
 Outboard (If outboard, complete motor info below.)

**Outboard motors**

Year	Make	Complete VIN/Serial #
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Lien holder  
 No     Yes – bank’s name and address:

**Location of watercraft**

Is the watercraft moored in a boat dock or slip? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are hydraulic lifts used while stored? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical location/address where usually stored
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**IF YOU ARE DELETING A WATERCRAFT, STOP HERE.**

## WATERCRAFT VALUES

Fire boats, trucks, vehicles, equipment and mobile equipment are valued at:

- Cost to repair or replace, whichever is less, with new equipment or vehicles of like kind and quality at time of loss.
- Replacement cost if less than or equal to 5 years of the original make and model age.

	Watercraft value (must provide proof of ownership if insuring)
	Equipment value attached (bolted, welded, etc.) to watercraft
	<i>Adjusted watercraft amount (subtotal)</i>
	Loose equipment value
	<b>TOTAL: watercraft + equipment</b>

## SIGNATURE

### Authorization

By signing this form, I am attesting that the vehicle and/or equipment listed herein are used by the fire department to perform their mission in the community. No personally owned property can be insured through this program. I understand that the fire department must provide documentation of ownership for the watercraft and equipment detail during a claims process by proof of purchase, pictures, etc.

Name of signer	Title of signer
Signature	Date

## RETURN FORM BY MAIL, FAX OR EMAIL

OMES Risk Management

P.O. Box 53364

Oklahoma City, OK 73152-3364

(Contact: 405-521-4999 or 888-521-7475)

Fax: 405-522-4442

Email: [fdip@omes.ok.gov](mailto:fdip@omes.ok.gov)