



# Yacht Insurance Application

phone: 888-537-1412

<b>Named Insured:</b>		<b>Date of Birth:</b>	
<b>If Corporate, Beneficial Owner:</b>		<b>Occupation:</b>	
<b>Street Address:</b>		<b>Phone Number:</b>	
<b>City, State, Zip:</b>		<b>Home:</b>	
		<b>Work:</b>	
		<b>Cell:</b>	
<b>Driver's License Number:</b>	<b>DL State:</b>	<b>Email:</b>	

## YACHT DESCRIPTION

<b>Year Built:</b>	<b>Length:</b>	<b>Manufacturer/Builder:</b>	<b>Model:</b>	<b>Hull Identification Number:</b>
<b>Name of Yacht:</b>		<b>State of Registration:</b>	<b>Vessel Flag:</b>	<b>Date Purchased:</b>
				<b>Purchase Price:</b>
		<b>Tgi knt cklp'%</b>		

Type: <input type="checkbox"/> Power <input type="checkbox"/> Multi -hull <input type="checkbox"/> Sail <input type="checkbox"/> Houseboat	Construction: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Kevlar/Carbon Fiber <input type="checkbox"/> Steel <input type="checkbox"/> Other	Use: <input type="checkbox"/> Private Pleasure <input type="checkbox"/> Captain Charter <input type="checkbox"/> Bare Boat Charter <input type="checkbox"/> Racing
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<b>Engine Manufacturer / Model:</b>		<b>Year Built:</b>	<b>Serial Number(s):</b>		
<b>Fuel Type:</b> <input type="checkbox"/> Diesel <input type="checkbox"/> Gas	<b>Propulsion:</b> <input type="checkbox"/> Inboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Outboard <input type="checkbox"/> I/O <input type="checkbox"/> Pod Drive	<b>Engine(s):</b> <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> Quad	<b>Horsepower (each):</b>	<b>Fuel Tanks:</b> <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass	<b>Auxiliary Generator:</b> Diesel <input type="checkbox"/> Gas <input type="checkbox"/>
			<b>Max Speed (MPH):</b>		

**Navigation / Safety Equipment/ Security:**  
 Auto Fire Ext.  Fume Detector  Radar  GPS  Depth Finder  Auto Pilot Number of Hand Held Fire Extinguishers   
 Engine Alarm  VHF Radio  Theft Alarm  Tracking Device  Surveillance System  Locked/fenced enclosure  
 Secured building  Yacht Controller  Other:

<b>Current Survey:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Survey:</b>	<input type="checkbox"/> Afloat <input type="checkbox"/> Drydock	<b>Name of Surveyor:</b>
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## TRAINING/EXPERIENCE

<b>Total Years Boating Exp:</b>	Boating Courses: <input type="checkbox"/> None <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> U.S. Coast Guard Auxiliary <input type="checkbox"/> Mariner's License Describe:
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<b>Boats Previously Owned</b>				
Dates owned	Manufacturer	Type	Size	Waters Navigated

<b>Total Years Ownership Experience:</b>
Other Operators: (List) _____ Age: _____ Experience: _____ Driver's License Number: _____

<b>Loss History ( if none, state NONE)</b>			
Details of any previous losses all operators:	Date	Cause	Amount

**Have you ever been convicted of a felony or DUI?**  No  Yes (If yes, describe: \_\_)

## YACHT TENDER/PERSONAL WATERCRAFT/TRAILER (may be insured separately for an additional premium)

<b>Year:</b>	<b>Length:</b>	<b>Manufacturer:</b>	<b>Model:</b>	<b>Hull ID Number:</b>
<b>Engine Year:</b>	<b>Engine Manufacturer:</b>	<b>Engine HP:</b>	<b>Engine Serial Number:</b>	
<b>Trailer Year, Manufacturer &amp; Model:</b>		<b>Serial Number:</b>	<b>No of Axles:</b>	<b>Capacity:</b>
				<b>Stored on Trailer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**INSURANCE COVERAGES REQUESTED**

Coverage	Amount of Insurance	Deductible	Named Windstorm Deductible
Yacht Hull and Machinery	\$	\$	\$
Tender & Outboard	\$	\$	
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	

**Navigation Area:**  East Coast U.S.  Florida  Bahamas  Turks/Caicos  
 Gulf of Mexico  Caribbean  Mediterranean  
 Other:

Lay Up Dates: From:                      To:  
 Ashore  Afloat

**Mooring Locations:** (Marina/Address, City, State, Zip Code)  
 June 1 to November 30:  
 December 1 to June 1:

**Storage:**  Dock/Slip  Trailer  Lift  Rack  Other:  (If other, please state):

Lienholder name and address:

Loan Number:  
 Loan Balance:

Additional Insured name and address :

**OTHER INFORMATION**

<b>EXPLAIN All "Yes" Responses In Remarks:</b>	Yes	No	Remarks:
Is yacht ever chartered to others with captain?			
If yes, is yacht owner operated?			
Is yacht ever chartered to others without captain?			
Is yacht used commercially or for business purposes? (explain)			
Do you employ a paid captain or crew? If so how many?			Number of full time crew: ____ part time: ____
Do you live aboard full-time?			
Has any carrier cancelled or non-renewed coverage?			
Is the yacht used for racing?			

For fare paying passenger vessels, advise the maximum/average # of passengers per trip \_\_\_\_/\_\_\_\_ # of trips annually \_\_\_\_

The completion and signing of this application does not bind the **APPLICANT** or this **COMPANY** to effect insurance on this risk; it is submitted for purposes of rating and quotation only. If accepted by this **COMPANY** it is agreed the information furnished herein shall be the basis of the contract should a policy be issued.

**IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.**

Applicant Signature:	Date:	Producer:
Producer Signature:	Date:	
Current Insurer:		
Policy Effective Date:	Annual Premium: \$	