



Named Insured:				Date of Birth:			
If Corporate, Beneficial Owner:				Occupation:			
Street Address:				Home Phone:			
City, State, Zip:				Work Phone:			
				Cell Phone:			
Driver's License Number:				DL State:			
				Email:			
YACHT DESCRIPTION							
Year Built:	Length:	Manufacturer/Builder:		Model:		Hull Identification Number:	
Name of Yacht:		State of Registration:		Vessel Flag:		Date Purchased:	Purchase Price:
		Registration #:					
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		
Engine Manufacturer / Model:		Year Built:		Serial Number(s):			
Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Gas	Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Outboard <input type="checkbox"/> I / O <input type="checkbox"/> Pod Drive	Engine(s): <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> Quad	Horsepower (each):	Fuel Tanks: <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic	Auxiliary Generator: Diesel <input type="checkbox"/> Gas <input type="checkbox"/>		
				Max Speed (MPH):			
Navigation / Safety Equipment/ Security: <input type="checkbox"/> Auto Fire Ext. <input type="checkbox"/> Fume Detector <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder <input type="checkbox"/> Auto Pilot Number of Hand Held Fire Extinguishers <input type="checkbox"/> <input type="checkbox"/> Engine Alarm <input type="checkbox"/> VHF Radio <input type="checkbox"/> Theft Alarm <input type="checkbox"/> Tracking Device <input type="checkbox"/> Surveillance System <input type="checkbox"/> Locked/fenced enclosure <input type="checkbox"/> Secured building <input type="checkbox"/> Yacht Controller <input type="checkbox"/> Other:							
Current Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Survey:	<input type="checkbox"/> Afloat <input type="checkbox"/> Drydock		Name of Surveyor:		
TRAINING/EXPERIENCE							
Total Years Boating Exp:		Boating Courses: <input type="checkbox"/> None <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> U.S. Coast Guard Auxiliary <input type="checkbox"/> Captain's License <input type="checkbox"/> Other Describe:					
Boats Previously Owned							
Dates owned		Manufacturer		Type	Size	Waters Navigated	
Total Years Ownership Experience:							
Other Operators: (List)		Date of Birth		Experience:		Driver's License Number:	
Loss History (if none, state NONE)							
Details of any previous losses all operators:		Date		Cause		Amount	
Have you ever been convicted of a felony or DUI? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe:)							
YACHT TENDER/PERSONAL WATERCRAFT/TRAILER (may be insured separately for an additional premium)							
Year:	Length:	Manufacturer:		Model:		Hull ID Number:	
Engine Year:		Engine Manufacturer:		Engine HP:		Engine Serial Number:	
Trailer Year, Manufacturer & Model:		Serial Number:		No of Axles:	Capacity:	Stored on Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE COVERAGES REQUESTED

Coverage	Amount of Insurance	Deductible	Named Windstorm Deductible
Yacht Hull and Machinery	\$		Other Coverages:
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:
Describe:

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:

Lienholder name and address:

Loan Number:
Loan Balance:

Additional Insured name and address :

OTHER INFORMATION

EXPLAIN All "Yes" Responses In Remarks:	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 Expiration Date:	Annual Premium: \$	