



YACHT APPLICATION

DATE:		<input type="checkbox"/> New Purchase <input type="checkbox"/> Renewal		REFERRED BY/PROGRAM:	
TITLED INSURED/LLC:				PHONE:	
BENEFICIAL OWNER:		DOB:		OCCUPATION:	
MAILING ADDRESS:					
EMAIL:		YEARS OF OWNERSHIP:		YEARS OPERATING:	
PRIOR VESSELS OWNED:					
ANY LOSSES (If None state "None"):			LOSS DETAILS:		
YACHT NAME:		BUILDER:		MODEL:	
YEAR:	LENGTH:	HULL CONSTRUCTION MATERIAL:		FLAG:	TONNAGE:
PURCHASE DATE:		PURCHASE PRICE:		HULL ID#:	
# OF ENGINES:	ENGINE MANUFACTURER/MODEL/YEAR:			FUEL TYPE:	
HORSEPOWER (EACH):		DRIVE TYPE:		MAX SPEED:	
SURVEY: <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF SURVEY:		NAME OF SURVEYOR:	
TYPE OF SURVEY (IN WATER / HAULED OUT / BOTH):			SURVEYED ESTIMATED MARKET VALUE:		
TENDER YEAR:	LENGTH:	MAKE:	VALUE (INCL MOTOR(S)):		
TENDER MOTOR MAKE:		HORSEPOWER:	GPS TRACKING SYSTEM: <input type="checkbox"/> Yes <input type="checkbox"/> No		
IS TENDER CARRIED ABOARD: <input type="checkbox"/> Yes <input type="checkbox"/> No		IS TENDER EVER TOWED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS A TOWING BRIDAL INSTALLED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
JET SKIS/TOYS: <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE:				
NAVIGATION AREA:		<input type="checkbox"/> Atlantic East Coast US		<input type="checkbox"/> Florida, Bahamas	
<input type="checkbox"/> Mediterranean		<input type="checkbox"/> Pacific West Coast USA and Canada		<input type="checkbox"/> Inland and Great Lakes	
<input type="checkbox"/> Gulf of Mexico		<input type="checkbox"/> Other:		<input type="checkbox"/> Caribbean	
<input type="checkbox"/> Central America Pacific Coastal					
Mooring Location including address June 1 to Nov 30 (windstorm season):					
Mooring Location Dec 1 to May 30:					
<input type="checkbox"/> Private Pleasure <input type="checkbox"/> Commercial		LAYUP? <input type="checkbox"/> Yes <input type="checkbox"/> No		LAYUP DATES:	
CHARTER: <input type="checkbox"/> Yes <input type="checkbox"/> No		# OF CHARTERS PER YEAR:		# OF PASSENGERS:	
LOSS PAYEE: <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME AND ADDRESS:			
# OF PT CREW:		# OF FT CREW:		FT CAPTAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF CAPTAIN:					



REQUESTED LIMITS OF COVERAGE

Form with fields for HULL & PHYSICAL DAMAGE, TENDER/DINGHY, MEDICAL PAYMENTS, PERSONAL PROPERTY, PROTECTION & INDEMNITY (P&I), UNINSURED BOATER, EMERGENCY TOWING, CREW MAJOR MEDICAL, BREACH OF WARRANTY, LOAN AMOUNT, WAR, OTHER NON-STANDARD LIMITS, NOTES, CURRENT INSURER, EXPIRATION DATE, CURRENT PREMIUM.

Form with fields for APPLICANT SIGNATURE and DATE.

The completion and signing of this application does not bind the applicant or the 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.