

Date: _____ Agency: _____
Named insured: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Beneficial owner's name(s): _____
Beneficial owner's relation to the corporation or beneficial owner: _____
Date of birth(s): _____ Primary owner's telephone: _____
Occupation(s): _____
Primary owner's email: _____

Yacht To Be Insured

Year: _____ Length: _____ Manufacturer: _____ Model: _____
Type: _____ Hull #: _____ USCG document #: _____
Vessel name: _____ Hull Material: _____
Mast material: _____ Engine Mfr: _____ Engine model: _____
Number of engines: _____ Fuel type: _____ Horsepower: _____ Propulsion system: _____
Max Speed: _____ Vessel Class: _____ Is vessel kept in class: ☐ Yes ☐ No
Vessel flag: _____ Port of registry: _____ Gross tonnage: _____
Satellite-based, theft deterrent GPS w/ tracking:
Capability: ☐ Yes ☐ No
Activated: ☐ Yes ☐ No
Make: _____ Model: _____
Has a survey been performed or scheduled? ☐ Yes ☐ No
Survey date: _____
Name of current/previous insurance carrier: _____
Has your insurance ever been non-renewed or canceled: ☐ Yes ☐ No
If yes, please provide details:

Tenders

Must be carried on board and used only to service the yacht.

Year: _____ Length: _____ Manufacturer: _____ HIN number: _____
Engine year: _____ Number of engines: _____ Total horsepower: _____ Manufacturer: _____
Serial number: _____ Valuation: _____ Lithium battery: ☐ Yes ☐ No

Additional Vessels

Year: _____ Length: _____ Manufacturer: _____ HIN number: _____
Lithium battery: ☐ Yes ☐ No Engine year: _____ Manufacturer: _____
Serial number: _____ Total horsepower: _____

Trailer

Year: _____ Manufacturer: _____ Serial number: _____
Value: _____

Personal Watercraft

Year: _____ Manufacturer: _____ Serial number: _____
Value: _____

Coverage and Amounts

Insured value: \$ _____ Insured value: \$ _____ Towing limit: \$ _____ Personal property limit: \$ _____
War & confiscation: \$ _____ Mortgagee amount: \$ _____ Protection & indemnity limit: \$ _____
Medical expenses limit: \$ _____ Uninsured boaters limit: \$ _____

Navigation

Mooring Locations

Summer name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Winter name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Lay-up: Decommissioned and unavailable for use: ☐ Yes ☐ No
Date From: _____ To: _____
Does insured live within 3 hours (driving) of the vessel's mooring location? ☐ Yes ☐ No

Charter Usage

Must have a paid captain.

Number of charter per policy period: _____ Types of Charter: _____ Duration of Trip: _____
Number of Passengers: _____ Max. Number of Passengers Permitted by Certificate of Insurance: _____ Overnight Trips: _____
Is food prepared on board? ☐ Yes ☐ No
Is alcohol served? ☐ Yes ☐ No
Is this yacht part of a Lease, Timeshare, Fraction Share, Vacation Club or similar type arrangement? ☐ Yes ☐ No

Captain/Crew Information

Resumes & Licenses must be provided.

Captain's name: _____ Years of experience: _____
Captain's loss history: _____
Alternate/relief captain's name: _____ Years of experience: _____
Number of crew (not including captain): _____
Is drug testing required? ☐ Yes ☐ No
Is formal training provided? ☐ Yes ☐ No
Is there a separate crew policy in place? ☐ Yes ☐ No

Insured's Ownership Experience

Resumes must be provided.

Total years ownership: _____ Length: _____ Manufacturer: _____
Licenses or certificates: _____

Loss Information

Does the insured have any previous loss history?

☐ Yes ☐ No

If yes and different from above, please provide dates, description & amounts:

Does this yacht have any previous loss history?

☐ Yes ☐ No

If yes and different from above, please provide dates, description & amounts:

Loss Payee / Bank / Lien Holder

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Breach of warranty required?

☐ Yes ☐ No

If so, amount of loan: _____

Additional Insured

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Comments & Signature

Comments:

While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or the Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or the Company to be used for their purposes only. Omitting, misrepresenting or state information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Company will consider claims history for purposes of determining whether to cancel or refuse to renew your policy.

Signature: _____ Date: _____