

EFFECTIVE DATE: _____

Name Insured: _____ Loss Payee: _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Beneficial Owner(s): _____
 Corporate Ownership (if any): _____ Amount Financed: _____
 Is Corp for sole purpose of ownership of yacht? Yes No NA Is this yacht fractionally owned? Yes No

Name	OWNERS/OPERATORS	D.O.B.	AFFILIATION TO OWNER
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Builder/Manufacturer: _____ Model: _____ Hull ID/Serial #: _____
 Year: _____ Length: _____ CONSTRUCTION TYPE
 Yacht Name: _____ Fiberglass Wood Runabout Cruiser
 Date Purchased: _____ Purchase Price: _____ Aluminum Steel Sailboat Houseboat
 Current Insurer: _____ Other Other
 Does the Yacht have any existing or prior damage? _____ Was it purchased as salvage? _____

Engine Year: _____ Engine Mfg.: _____ Model: _____ Serial #: P _____
 Total H.P.: _____ Max Speed: _____ Serial #: S _____
 FUEL: Gas Diesel TYPE: (check one from each category) Outboard Inboard I/O Twin Single
 ADDITIONAL EQUIPMENT: GPS, Radar or Loran CO Detector Fire Suppression Triple Quad
 Tender Mfg.: _____ Length: _____ Value: _____ Outboard Value: _____
 Trailer Mfg.: _____ Value: _____ Serial #: _____

Years boating: _____ How many years in total have you owned boats? _____
 PRIOR YACHTS 1st PRIOR Length: _____ Type: _____ Years Owned: _____
 2nd PRIOR Length: _____ Type: _____ Years Owned: _____
 5 Year Loss History: No Losses or (Date(s), Cause, Amount): _____
 EDUCATION USCGA Licensed Capt. Occupation: _____
 USPS Other Will applicant be living aboard? No Yes
 Has your insurance ever been canceled or non-renewed? No Yes

Berthing Location: Summer (Incl. zip): _____ Winter (Incl. zip): _____
 Navigation Area: _____ Mooring At Dock Trailered
 Lay-up From: _____ (12:01 AM) To: _____ On Land In Water If in water Covered Dock Uncovered Dock
 Do you employ a paid Captain or crew? No Yes, How many? _____ *Most recent survey? _____
 Is yacht ever chartered / used commercially? No Yes Charter Type: _____ # per year: _____
 Is yacht used for racing? No Yes, details: _____
 Is this yacht being held for sale? No Yes, held for sale since: _____
 Additional Insured(s) & Relationship to Insured: _____
 In the last 3 years, have you been convicted of a BUI, DUI, OUI or DWI? No Yes

Coverages	AMOUNT OF INSURANCE		DEDUCTIBLE	PREMIUM
	\$	\$	\$	\$
HULL & EQUIPMENT	\$ _____	\$ _____	\$ _____	\$ _____
TENDER	\$ _____	\$ _____	\$ _____	\$ _____
P&I "LIABILITY"	\$ _____	\$ _____	\$ _____	\$ _____
MEDICAL PAYMENTS	\$ _____	\$ _____	\$ _____	\$ _____
TOWING	\$ _____	\$ _____	\$ _____	\$ _____
PERSONAL EFFECTS	\$ _____	\$ _____	\$ _____	\$ _____
TRAILER	\$ _____	\$ _____	\$ _____	\$ _____
FUEL SPILL	\$ _____	\$ _____	\$ _____	\$ _____
UNINSURED BOATER	\$ _____	\$ _____	\$ _____	\$ _____
1% Min. or \$250 which is greater, Trailer Deductible \$100.			TOTAL PREMIUM:	\$ _____

I hereby declare that I personally have read this application and declare that the statements made are true. I understand that this is not a binder of insurance. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Producer # _____
 Agency: _____
 Address: _____
 Date: _____

Applicant's Signature: _____