

WATERCRAFT/YACHT INSURANCE

APPLICATION FORM

Fields marked with an asterisk (*) are mandatory. A quote will not be given unless all mandatory fields are completed.
Note: You can't save data typed into this form.

SECTION 1 - OWNER/BENEFICIAL OWNER INFORMATION

Owner/Beneficial Owner Name*

Is the beneficial owner currently a Charter policyholder? Yes No

Date of Birth

Occupation*

Home Address*

City* State/Territory* Zip/Postal Code* Country

Home Phone Cell Fax Email

Is the mailing address different from the home address? Yes No

Is the yacht corporately owned? Yes No

SECTION 2 - OWNER EXPERIENCE & LOSS HISTORY

Does the owner currently, or has he/she previously owned other watercraft(s)?* Yes No

Has the owner, captain and/or yacht suffered a loss within last five years?*

Yes No

Has insurance for any vessel ever been declined, non-renewed or cancelled?*

Yes No

What company currently/previously provided coverage for the vessel?

Does the owner have any of the following experience: USCGA USPS Licensed Captain

SECTION 3 - VESSEL INFORMATION

Vessel Name

Year Built*

Purchase Date

Purchase Price (in USD)

Manufacturer*

Model*

Length of Vessel*

Hull ID Number

Hull Material*

Is this a sailing yacht?* Yes No

Engine Manufacturer*

Number of Engine(s)* _____

	Horse Power per engine	Year Engine Built	Engine Serial Number
+			
+			
+			
+			
+			
+			

Maximum Speed (mph)* _____

Fuel Type* Diesel Gasoline

Is the vessel equipped with a helicopter landing pad? Yes No

Gross Tonnage _____

Class (if applicable) _____

SECTION 4 • TRAILERS/TENDERS/PWC

Trailers Yes No

Tenders Yes No

PWC Yes No

Additional Vessels Yes No

Will any tenders or other vessels be towed? Yes No

List any other "toys" as applicable (fishing equipment, scuba gear, etc.):

SECTION 5 • PRIMARY BERTHING LOCATION/NAVIGATION INTENT

Primary Summer Berthing Location

Name of Marina _____

Address _____

City* _____ State/Territory* _____ Zip/Postal Code* _____ Country _____

State/Territory required only for United States addresses.

Primary Winter Berthing Location

Name of Marina _____

Address _____

City* _____ State/Territory* _____ Zip/Postal Code* _____ Country United States

State/Territory required only for United States addresses.

What is the intended navigation for insured period?* _____

Lay up period, if any _____

Vessel Use Private Pleasure Private Pleasure with Skipper Charter Skipper Charter Bareboat Charter

Is the vessel used for racing (other than local club racing)? Yes No

SECTION 6 • VESSEL CREW/OPERATION

Does the vessel employ a full-time paid captain? Yes No

Maximum Number of Crew*

Number of Full Time Crew*

Number of Occasional/Seasonal Crew*

Is the vessel operated exclusively by the owner and/or captain? Yes No

SECTION 7 • REQUESTED INSURANCE COVERAGE

Expected Commencement Date

Requested Hull and Machinery Deductible Options

Coverage Type	Coverage Limit (USD)
Yacht Hull and Machinery (including equipment/contents)*	<input type="text"/>
Personal Effects	<input type="text"/>
Private Collections (including fine art)	<input type="text"/>
Tender(s)/PWC(s)	<input type="text"/>
Liability (P&I) Including Coverage for Number of <input type="text"/> Crew*	<input type="text"/>
Medical Expenses	<input type="text"/>
Uninsured Boaters	<input type="text"/>

Does the vessel currently have a separate named windstorm deductible? Yes No

SECTION 8 • ADDITIONAL INTEREST(S)

Loan in the Amount of (USD)

Breach of Warranty

Loss Payee

Additional Insured

SECTION 9 • BROKER INFORMATION

Company Name*

Main Contact

Private Client Group Broker Code

Address*

City State/Territory Zip/Postal Code Country United States

Phone Cell Fax Email

Add Comments

Client/Authorized Representative Signature Date