



The application form that follows is aimed to generate information regarding your operation's exposure to risk and guide underwriters to provide the best package of cover and terms available. Please complete all relevant sections in full as accurately as possible as this may form a part of your future contract.

YACHT INSURANCE QUESTIONNAIRE

INSUREDS NAME		INSUREDS AGE		D.O.B.		PRODUCERS CODE: office use only			
MAILING ADDRESS				BENEFICIARY					
CITY	COUNTY	STATE	ZIP	NAME					
PHONE	HOME	BUSINESS							
OCCUPATION				LIENHOLDER INFORMATION					
VESSEL NAME				NAME					
EFFECTIVE DATE				NUMBER & STREET					
FROM:		TO:		CITY		STATE		ZIP CODE	
LAID UP		ON SHORE		CITY		STATE		ZIP CODE	
FROM:		AFLOAT		CITY		STATE		ZIP CODE	
LAID UP LOCATION (City, State, Province, Country)									
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREON									
COVERAGES	SUM INSURED	EQUIPMENT				PRIMARY POWER	SAIL		
HULL - PHYSICAL DAMAGE		BILGE PUMPS		AUX/GENERATOR DIESEL			OUTBOARD		
TENDER/DINGHY		COOKING STOVE		EPIRB			INBOARD		
LIABILITY COVERAGE		FLAME DETECTOR		ENGINE ALARM			INBOARD/ OUTDRIVE		
CREW LIABILITY		CO2/HALON SYSTEM		LIFE RAFT			OTHER		
COMMERCIAL PASSENGER LIABILITY		FIRE EXTINGUISHERS		SONAR			SAILBOAT Mono. Multi.		
MEDICAL PAYMENTS		ANTI-THEFT DEVICES		GPS		PERFORMANCE			
PERSONAL PROPERTY		DEPTH SOUNDER		OTHER (LIST BELOW)		RUNABOUT			
UNINSURED BOATERS		RADAR				HULL MATERIAL	WOOD		
TRAILER		LORAN/DIRECTION FINDER					METAL		
NON-EMERGENCY TOWING		SHIP TO SHORE RADIO					FIBREGLASS		
OTHER		SATNAV/OMEGA				FUEL TANK	METAL		
		AUX GENERATOR GAS					FIBREGLASS		



VESSEL INFORMATION:							
YEAR	LENGTH (ft)	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	MAX SPEED	REG. No.	Flag
HULL IDENTIFICATION NUMBER:				MANUFACTURER/MODEL:			
DATE VESSEL LAST SURVEYED:			ASHORE/ AFLOAT	LITHIUM BATTERIES INSTALLED:			YES/ NO
TENDERS OR DINGHIES:							
ANTI-THEFT PRECAUTIONS:							
NAVIGATION INFORMATION							
MAIN MOORING/ STORAGE LOCATION/ HOME BASE/ HOME PORT:							
WATERS TO BE NAVIGATED:							
For Caribbean region:							
WILL VESSEL BE LOCATED BETWEEN 12°40' to 23' 30' NORTH AND 55° - 85° WEST DURING THE PERIOD JULY 1 ST - NOV 1 ST						YES/NO	
For Pacific region:							
WILL VESSEL BE LOCATED BETWEEN 5° SOUTH to 34° SOUTH and 154° EAST and 150° WEST DURING THE PERIOD NOV 1 ST to APR 30 TH						YES/NO	

ENGINE/OUTBOARD MOTOR INFORMATION							
ENG	H.P.	GASOLINE	DIESEL	YEAR	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
1							
2							
3							
4							
	MANUFACTURER/MODEL					SERIAL NUMBER	
1							
2							
3							
4							

TRAILER INFORMATION			
YEAR	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
MANUFACTURER/MODEL:		SERIAL NUMBER:	
DETAILS OF PREVIOUS VESSELS OWNED:			

OPERATOR(S) INFORMATION					
	NAME	DATE OF BIRTH	AUTO DRIVERS LICENSE #	STATE	USCG/POWER SQUADRON CERTIFICATE
1					
2					
3					
	VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS				YEARS OF BOAT OWNERSHIP
1					
2					
3					



GENERAL INFORMATION							
#	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO	#	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	DOES THE APPLICANT EMPLOY PAID CREW IF SO HOW MANY?		
3	IS THE BOAT USED FOR RACING?			8	WAS THE OPERATOR INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
4	IS THE BOAT USED FOR WATER SKIING OR DIVING?			9	WAS ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	WILL THE VESSEL BE OPERATED SINGLE HANDED AT NIGHT?			1	IS THIS A YEAR-ROUND LIVEBOARD VESSEL OR IS THE VESSEL USED AS A RESIDENCE 12 MONTHS?		
11	IS THE BOAT IS USED FOR FARE PAYING PASSENGERS? PASSENGERS PER TRIP: AVERAGE #: _____ MAXIMUM #: _____ NUMBER OF TRIPS PER YEAR: _____						

REMARKS

Losses 1:
 Losses 2:
 Losses 3:

Additional Information:

I confirm that this form has been completed accurately and that all material information has been given. Completion of this form is not binding by either party.

APPLICANT SIGNATURE:	PRINT YOUR NAME:	SIGNATURE DATE: