



Yacht Insurance Application

3639 Cortez Road West, Suite 105, Bradenton, FL 34210

Tel: (888) 590-9215

Named Insured:				Date of Birth:			
If Corporate, Beneficial Owner:				Occupation:			
Street Address:				Phone Number:			
City, State, Zip:				Home:		Work:	
				Cell:			
Driver's License Number:			DL State:			Email:	
VESSEL INFORMATION							
Year Built:	Length:	Manufacturer/Builder:			Model:		Hull ID Number:
Name of Yacht:		Florida Reg: Yes No		Vessel Flag:		Date Purchased:	Purchase Price:
		Registration #					
Type: <input type="checkbox"/> Power <input type="checkbox"/> Multi Hull Sail Houseboat		Construction: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum Kevlar/Carbon Fiber Steel Other			Use: <input type="checkbox"/> Private Pleasure <input type="checkbox"/> Captain Charter <input type="checkbox"/> Bare Boat Charter <input type="checkbox"/> Racing		
Engine Manufacturer / Model:			Year Built:		Serial Number(s):		
Fuel Type: Diesel Gas	Propulsion: Inboard Jet Drive Outboard I/O Pod Drive		Engine(s): Single Twin Triple Quad		Horsepower (each): Max Speed (MPH):	Fuel Tanks: Metal F/G	Auxiliary Generator: Diesel Gas
Navigation/Safety Equipment/Security:							
Auto Fire Ext. Fume Detector Radar GPS Depth Finder Auto Pilot							
# of Hand Held Fire Extinguishers							
Engine Alarm VHF Radio Theft Alarm Tracking Device Surveillance System Locked/fenced enclosure							
Secured building Yacht Controller Other Explain:							
Current Survey Yes No		Date of Survey:		<input type="checkbox"/> Afloat <input type="checkbox"/> Drydock		Name of Surveyor:	
TRAINING/EXPERIENCE							
Years Boating Experience: Boating Courses: None U.S. Power Squadron U.S. Coast Guard Auxiliary Mariner's License (describe):							
Boats Previously Owned							
Dates Owned Manufacturer Type Size Waters Navigated							
Other Operators (List)		Age		Experience		Driver's License Number	

Loss History (if none, state NONE)			
Details of any previous losses:	Date	Cause	Amount

Have you ever been convicted of a felony or DUI? No Yes (If yes, describe)

YACHT TENDER/PERSONAL WATERCRAFT/TRAILER (may be insured separately for an additional premium)

Year	Length	Manufacturer	Model	Hull Number
Engine Year	Engine Manufacturer	Engine HP	Engine Serial Number	
Trailer Year, Manufacturer & Model:	Serial Number:	No of Axles:	Capacity:	Stored on Trailer:
				Yes No

INSURANCE COVERAGES REQUESTED

Coverage	Amount of Insurance	Deductible	Named Windstorm Deductible
Vessel Hull and Machinery	\$	\$	\$
Tender & Outboard	\$	\$	
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	

Navigation Area: East Coast U.S. <input type="checkbox"/> Florida <input type="checkbox"/> Bahamas <input type="checkbox"/> Inland USA Gulf of Mexico Great Lakes Pacific Coastal Caribbean Other:	Lay Up Dates: From: To: Ashore Afloat
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Mooring Locations : (Marina/Address, City, State, Zip Code)

June 1 to November 30:
December 1 to June 1:

Storage: Dock/Slip Trailer Lift Rack Other: (If other, please state):

Lienholder name & address:	Loan Number: Loan Balance:
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Additional Insured name & address :

OTHER INFORMATION

EXPLAIN All "Yes" Responses In Remarks:	Yes	No	Remarks:
Is yacht ever chartered to others with captain?			
If yes, is yacht owner operated?			
Is yacht ever chartered to others without captain?			
Is yacht used commercially or for business purposes? (explain)			
Do you employ a paid captain or crew? If so, how many?			
Do you live aboard full-time?			
Has any carrier canceled or non-renewed coverage?			
Is yacht used for racing?			

For fare paying passenger vessels, advise the maximum/average # of passengers per trip?

Number of trips annually:

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

Applicant Signature:	Date:	Producer:
Producer Signature:	Date:	
Current Insurer:		
Policy Effective Date:	Annual Premium: \$	

This notice is given in compliance with the Federal Fair Credit Reporting Act (public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the insurer's underwriting procedure, a routine credit report may be obtained, as well as a motor vehicle record report.

**THIS COVERAGE IS A NAMED OPERATOR POLICY. ONLY PRE-APPROVED PERSONS MAY OPERATE VESSEL.
THIS COVERAGE EXCLUDES RACING, RACING TRIALS, OR CONTESTS.**