



YACHT APPLICATION

					EFFECTIVE DATE DESIRED	
YACHT OWNER (INSURED):				TELEPHONE NUMBER		SOCIAL SECURITY NUMBER
STREET ADDRESS:				HOME:		
CITY: COUNTY: STATE: ZIP CODE:				WORK:		
				OCCUPATION:		
ADDITIONAL INSURED NAME:			MORTGAGEE/LOSS PAYEE:			
STREET ADDRESS:			STREET ADDRESS:			
CITY: STATE: ZIP CODE:			CITY: STATE: ZIP CODE:			
RELATIONSHIP TO INSURED:						
PERSONS WHO WILL BE OPERATING YACHT, INCLUDING OWNER:						
NAME	RELATIONSHIP	AGE	% OF USE	DRIVER'S LICENSE NO.	STATE	
YACHT NAME		STATE REGISTRATION NUMBER		HULL-YEAR BUILT, LENGTH, MANUFACTURER & MODEL		
PURCHASE DATE <input type="checkbox"/> NEW <input type="checkbox"/> USED		PURCHASE PRICE		HULL IDENTIFICATION NUMBER		DATE OF MOST RECENT SURVEY (INCLUDE COPY)
VESSEL TYPE		HULL MATERIAL		POWER		ENGINE MANUFACTURER
<input type="checkbox"/> CRUISER <input type="checkbox"/> PONTOON <input type="checkbox"/> SAILBOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> RUNABOUT <input type="checkbox"/> TRAWLER <input type="checkbox"/> SPORT FISH <input type="checkbox"/> JETSKI <input type="checkbox"/> CENTER CONSOLE <input type="checkbox"/> OTHER (Describe) <input type="checkbox"/> BASS BOAT		<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER (Describe)		<input type="checkbox"/> INBOARD <input type="checkbox"/> STERN (I/O) <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> NONE <input type="checkbox"/> OTHER		#1 _____ H.P. _____ YEAR _____ #2 _____
EQUIPMENT		NUMBER OF ENGINES:		ENGINE ID NUMBER(S)		MAX SPEED:
<input type="checkbox"/> SHIP TO SHORE R/T <input type="checkbox"/> RADAR <input type="checkbox"/> DEPTH FINDER <input type="checkbox"/> RDF <input type="checkbox"/> GPS <input type="checkbox"/> FIRE EXTINGUISHERS <input type="checkbox"/> LORAN <input type="checkbox"/> AUTO CO2/HALON SYSTEM <input type="checkbox"/> OTHER		<input type="checkbox"/> SGL <input type="checkbox"/> TWIN		#1 _____ #2 _____		<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL
YACHT TRAILER:		YEAR		MANUFACTURER		PAID CAPTAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO
						PAID CREW? <input type="checkbox"/> YES <input type="checkbox"/> NO
						IF YES, HOW MANY CREW (INCLUDING CAPTAIN)?
IS YACHT USED FOR PRIVATE PLEASURE USE ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN						
USE OF YACHT: WATER SKIING? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHARTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN		USED FOR RACING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN		USED AS A RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN
TENDER/DINGHY MANUFACTURER		DINGHY MOTOR MANUFACTURER		DINGHY TRAILER MANUFACTURER		
YEAR LENGTH MODEL		YEAR HP		YEAR		
DESCRIBE THE NAVIGATING LIMITS THAT SPECIFICALLY MEET YOUR NEEDS		MOORING/STORAGE LOCATION WHEN IN COMMISSION (INCLUDE COUNTY, CITY, STATE & ZIP CODE)				
		IS YACHT KEPT ON A MOORING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE INFORMATION ON OWNERSHIP, TYPE, CAPACITY AND MAINTENANCE				
DATES YACHT WILL BE LAID UP AND OUT OF COMMISSION FROM TO		NUMBER OF MONTHS OF NAVIGATION		LAY UP LOCATION: NAME OF YARD, COUNTY, CITY, STATE & ZIP CODE <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT		
IS YACHT TRANSPORTED BY LAND? EXPLAIN						
YOUR YEARS AS A YACHT OWNER				YOUR YEARS AS OPERATOR		
MOST RECENT YACHT INSURANCE COMPANY					EXPIRATION DATE	

(SEE OVER)

HAS INSURANCE EVER BEEN CANCELLED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN	YACHTS PREVIOUSLY OWNED			
CLAIMS, ACCIDENTS OR LOSSES TO YACHTS OR FROM LIABILITY IN THE PAST THREE YEARS? <input type="checkbox"/> NONE YEAR DETAIL	MFGR.	LENGTH	H.P.	YEARS OWNED
HAVE YOU RECEIVED A CITATION FOR OPERATING A VEHICLE OR YACHT IN THE LAST THREE YEARS? (EXPLAIN)				
HAVE YOU EVER RECEIVED A CITATION FOR OPERATING A VEHICLE OR YACHT UNDER THE INFLUENCE OF ALCOHOL OR OTHER CONTROLLED SUBSTANCES? (EXPLAIN)				
BOATING EDUCATION AND TRAINING COURSES: <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> US COAST GUARD AUXILIARY <input type="checkbox"/> OTHER				
ADDITIONAL COVERAGE DESIRED:				
PLEASE ADD ANY ADDITIONAL INFORMATION RELATED TO THE CONDITION OF YOUR YACHT OR YOUR OWN BACKGROUND WHICH MAY BE PERTINENT FOR INSURANCE RATING PURPOSES				

AMOUNT OF INSURANCE DESIRED	
PROPERTY COVERAGES	
YACHT AND EQUIPMENT	\$ _____
HULL DEDUCTIBLE AMOUNT <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> OTHER (MIN. \$300)	
YACHT TRAILER	\$ _____
PERSONAL EFFECTS (\$1000 INCLUDED WITH \$100 DEDUCTIBLE)	\$ _____
DINGHY (COVERAGE INCLUDED WITH \$100 DEDUCTIBLE IF LESS THAN 16' & 35 H.P.)	
DINGHY DED. _____	\$ _____
DINGHY MOTOR DED. _____	\$ _____
DINGHY TRAILER DED. _____	\$ _____
LIABILITY COVERAGE	
<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> OTHER \$	
MEDICAL PAYMENTS (\$10,000 INCLUDED)	\$ _____
UNINSURED/UNDERINSURED BOAT COVERAGE (\$10,000 INCLUDED)	\$ _____
PREMIUM PAYMENT METHOD	
<input type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER	
DOWN PAYMENT \$	("ON TIME" AIPP)

CONSUMER PROTECTION INFORMATION — We may, as a part of our underwriting procedure for processing applications for insurance, or in updating or renewing it, order an investigative report whereby information as to your driving record, character, general reputation, personal characteristics, and mode of living, whichever is applicable, is obtained from persons other than you. If such a report is ordered, further information on the nature and scope of the investigation is available to you upon written request.

FRAUD WARNING (Required by Law in Certain States):

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

DISCLOSURE OF MATERIAL FACTS — Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the term should be, or what premiums to charge. Failure to do so may render the insurance voidable from inception and enable the company to repudiate liability.

APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

DATE

SIGNATURE OF APPLICANT

AGENT/BROKER NAME	AGENT CODE
AGENT/BROKER ADDRESS	TELEPHONE NUMBER