



Agent/Broker: _____

Phone: _____ **E-mail:** _____

NAMED INSURED / BENEFICIAL OWNER INFORMATION

Named Insured: _____ If Corporation, Beneficial Owner Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Drivers License State: _____ Drivers License Number: _____
 E-mail: _____ Phone: _____ Alt Phone: _____

VESSEL INFORMATION

Yacht Name: _____ Year Built: _____ Length: _____ Manufacturer: _____
 Model _____ Hull Material: _____ Hull ID#: _____ Purchase Date: _____
 Purchase Price (in USD): _____ Engine Manufacturer: _____ Number of engine(s): _____
 Horsepower each engine: _____ Fuel Type _____ Maximum Speed (mph) _____
 Tender: Year _____ Length _____ Make _____ Outboard: Year _____ HP _____ Total Value _____
 Is tender carried aboard? Yes No Is tender towed? Yes No

OWNER'S EXPERIENCE AND LOSS HISTORY

Year Boating: _____ Classes/Certificates: USPS USCG Aux Mariners Licence (Describe) _____
 Vessels previously owned: _____
 Vessels previously operated: _____
 Additional Operators: Yes No Name: _____ Age: _____ Experience: _____
 Any losses in last 5 years: Yes No
 If yes describe date, cause of loss and amount paid: _____

PRIMARY MOORING / NAVIGATION / VESSEL USE

Mooring address: _____
 How will vessel be stored: Dock Lift Marina Trailer Dry stack Hauled out/Ashore
 Navigation: _____
 Vessel Use: Private pleasure Charter (6 pack) Charter (Bare boat) Live-aboard

COVERAGE LIMITS REQUESTED

Hull and Machinery: _____ Deductible: _____
 P & I: _____ Med Pay: _____
 # of Crew: Full Time _____ Part Time _____
 Additional Coverages / Notes: _____