

# Yacht Insurance Application Form

## 1. General Information

Inception Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Titled Name: \_\_\_\_\_

Reassured (if applicable): \_\_\_\_\_

Addresses: \_\_\_\_\_

Mailing: \_\_\_\_\_

Titled: \_\_\_\_\_

Beneficial Owner's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth (D.O.B): \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Address of Yacht \_\_\_\_\_

Management Firm: \_\_\_\_\_

Type of Management: \_\_\_\_\_

Is the vessel owner operated? \_\_\_\_\_

Additional Operators (if applicable)

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Experience (yrs): \_\_\_\_\_

Vessels operated: \_\_\_\_\_

Claims Yes or No: \_\_\_\_\_

Claim details: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Experience (yrs): \_\_\_\_\_

Vessels operated: \_\_\_\_\_

Claims Yes or No: \_\_\_\_\_

Claim details: \_\_\_\_\_

List names and experience of other individuals who operate the vessel: \_\_\_\_\_

## 2. Vessel Information

Vessel Name: \_\_\_\_\_

Flag: \_\_\_\_\_

Year Built: \_\_\_\_\_

Rebuilt: \_\_\_\_\_

Builder: \_\_\_\_\_

Model: \_\_\_\_\_

Construction: \_\_\_\_\_

Port of Registry: \_\_\_\_\_

Length in Feet: \_\_\_\_\_

Class: \_\_\_\_\_

Maximum Design Speed: \_\_\_\_\_

knots =                  mph

Hull ID No: \_\_\_\_\_

Type (Sail/Motor): \_\_\_\_\_

Number / HP: \_\_\_\_\_

Pod / Surface / Jet Drives  
or Non-Conventional  
Propulsion \_\_\_\_\_

Mast Construction (Sail):

Engine Details:

COFR:

Purchase Price:

Purchase Date:

Current Market Value:

Is the yacht subject to finance or mortgage?

Name of Lender:

Amount of Loan:

LTV:

### 3. Coverage and Limits

Coverage Type:

Coverage Limit:

Deductibles:

Hull and Machinery (including engines):

Increased Value:

Special Deductibles: Windstorm:

Special Deductibles: Engines:

Special Deductibles: Other:

Trailers:

Tender(s):

Personal Watercraft(s):

Protection and Indemnity/Liability:

Medical Payments:

Personal Effects:

Uninsured Boaters:

Fine Arts: Blanket / Scheduled / None Per item: Maximum:

Cargo None / DYT / Other One Way / Round Trip

Coverage:

War Risk Yes / No TRIA Form: Yes / No

Coverage:

TOTAL SUM INSURED

TotalSumInsured

### 4. Tender / Personal Watercraft / Other

Tender(s) / Motor(s) aboard & used in conjunction with the yacht:

Personal Watercraft(s) aboard & used in conjunction with the yacht:

Toys / Scuba / Snorkeling Equipment aboard the yacht:

*The value of all the above items will be included in the hull value unless requested to be insured for an additional limit:*

Additional Vessels:

Description

Deductible

W/S Deductible

Value

Will there be any vessels towed?

Are there any vehicles or aircrafts owned and/or used in conjunction with the yacht?

Are vehicles sometimes rented at Ports in the U.S. and/or abroad?

NOTE: A yacht policy does not cover the liability exposures arising from the ownership, rental, or use of any motor vehicle and/or aircraft. If the answer to either or both questions above is yes, separate coverage may be necessary unless the exposures are already covered by existing personal or business policies.

## 5. Mooring / Use / Navigation

Mooring Location(s):

Navigation:

Vessel Use: Pleasure Use / Charter

Insurance Certificates Required:

Racing or Regattas:

Mast, spars, sails and rigging Value:

Construction material of mast:

Full details of racing / regatta schedule:

Living aboard Yacht?

## 6. Crew Information

Do you require crew cover for paid crew? Yes / No

Number of Crew/Additional Operators

Total Crew:

Full Time Crew:

Part Time Crew:

Full Time Captains:

Part Time Captains:

Captain's Name:

Nationality:

Date of Birth:

Experience:

Type of crew medical and/or accident insurance: None / Medical/Health / Accident Only

Name of insurance company providing the coverage:

Entity responsible for paying the crew:

Should entity be listed as an additional assured?

if Yes, provide address below

## 7. History

Prior Losses By Owner And/or Captain:

Has insurance for any vessel been declined or cancelled?

If yes, state the reason:

Have you or any person you have allowed or may allow to use your yacht, ever been charged with or convicted of any offence involving dishonesty, DUI or any other criminal offence?

Previously owned and operated vessels:

Name of current/previous insurance company:

Has the vessel been surveyed?

Is the survey available?

Name of surveyor:

Date of survey:

Have the survey recommendations been complied with?

## 8. Additional Interests

Entity's name and address:

Premium Finance:

Additional Insured:

**9. Other Comments**

**10. Declaration**

To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts\*. I understand that non-disclosure or misrepresentation of a material fact\* may entitle underwriters to void the insurance.

\*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance.

<b>Signed:</b>	<b>Full Name:</b>	<b>Date:</b>