

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 AG	E D.O.B.	D.O.B. PRODUCERS CODE: office us				
MAILING ADDRESS		I	BENEFICIARY	BENEFICIARY				
CITY COUNTY STATE ZIP			NAME	NAME				
PHONE HO	OME	BUSINESS						
OCCUPATION			LIENHOLDER INFORM	NATION				
VESSEL NAME			NAME					
EFFECTIVE DATE FROM:	TO:		NUMBER & STREET					
LAID UP FROM:	TO:	ON SHORE AFLOAT	CITY	CITY STATE ZIP CODE				
LAID UP LOCATION (City,	State, Province, Co	untry)						
COVERAGES WILL NOT BI	E PROVIDED UNLESS	REQUESTED HEREON						
COVERAGES	SUM INSURED	EQUIPMENT		PRIMARY	SAIL			
HULL - PHYSICAL DAMAGE		BILGE PUMPS	AUX/GENERATOR DIESEL	POWER	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	TYPE OF HULL	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	REG. No.	Flag			
HULL IDENTIFICATION NUMBER: MANUFACTURER/MODEL								
TENDERS OR DINGHIES:								
ANTI-THEFT PRECAUTIONS:								
NAVIGATION INFORMATION								
MAIN MOORING/ STORAGE LOCATION/ HOME BASE/ HOME PORT:								
WATERS TO BE NAVIGATED:								
WILL VESSEL	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							

ENGINE/OUTBOARD MOTOR INFORMATION								
ENG	H.P.	GASOLINE	DIESEL	YEAR	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	
1								
2								
3								
MANUFACTURER/MODEL SERIAL NUMBER								
1								
2								
3								
DATE	DATE VESSEL LAST SURVEYED: ASHORE/AFLOAT						ASHORE/AFLOAT	

TRAILER INFORMATION									
YEAR	R DATE PURCHAED			PURCHASE	PRICE	PRE	PRESENT VALUE		
MANUFACTURER/MODEL:					SERIAL NUMBER:				
DETA	ILS OF PREVIOUS								
DLIA	ILS OF FREVIOUS	5 VE33EE3 OVVIN	LD.						
OPER	ATOR(S) INFOR	AMTION (ALWA	AYS LIST INSURED	AS OPERATOR #3)					
	-								
	NA	ME	DATE OF	AUTO DRIVERS	STATE	SOCIAL	USCG/POWER SQUADRON		
			BIRTH	LICENSE #		SECURITY	CERTIFICATE		
1									
2									
3									
VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS				IN LAST 5 YEARS		YEARS OF BOA	T OWNERSHIP		
1									
2									
3									



GENE	RAL 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			6	IS THE BOAT USED COMMERCIALLY OR FOR			
	CAPTAIN?				BUSINESS PURPOSES?			
2	IS THE BOAT CHARTERED TO OTHERS			7	DOES THE APPLICANT EMPLOY PAID CREW IF SO			
	WITHOUT CAPTAIN?				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			9	WAS ANY COVERAGE DECLINED, CANCELLED OR			
	DIVING?				NON-RENEWED IN THE LAST 5 YEARS?			
5	WILL THE VESSEL BE OPERATED SINGLE			10	IS THIS A YEAR-ROUND LIVEBOARD VESSEL OR IS			
	HANDED?				THE VESSEL USED AS A RESIDENCE 12 MONTHS?			
11	IS THE BOAT IS USED FOR FARE PAYING PASS	ENGERS?						
	PASSENGERS PER TRIP: AVERAGE #:		MAXIM	UIVI #:				
DENA	NUMBER OF TRIPS PER YEAR:							
REMA	ARKS							
Losse	s 1·							
Losse								
Losse								
Addit	ional 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:		