



IMUYT002 (10/09)

YACHT APPLICATION

EFFECTIVE DATE DESIRED:

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

OWNER NAME AND ADDRESS

OWNERSHIP TYPE: <input type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> CORPORATE OWNED	
YACHT OWNER (INSURED or CORPORATE) NAME:	TELEPHONE #1:
STREET ADDRESS:	TELEPHONE #2:
CITY: STATE: ZIP CODE:	EMAIL ADDRESS:

LOSS PAYEE (if applicable)

ADDITIONAL INSURED (if applicable)

LOSS PAYEE NAME:	ADDITIONAL INSURED:
ATTN:	
STREET ADDRESS:	STREET ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:

MOORING ELIGIBILITY DETAILS

MOORING LOCATION BETWEEN JUNE 1 AND NOVEMBER 1: <input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> MARINA <input type="checkbox"/> OTHER LOCATION
NAME OF MARINA OR OTHER LOCATION:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

YACHT ELIGIBILITY DETAILS

HULL MATERIAL: <input type="checkbox"/> ALUMINUM <input type="checkbox"/> CEMENT <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> KEVLAR <input type="checkbox"/> RUBBER <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD	
YACHT MANUFACTURER:	YACHT LENGTH:
YACHT VALUE INCLUDING MOTOR(S) AND UNSCHEDULED TENDER NOT EXCEEDING 16FT IN LENGTH AND 35HP: \$	YACHT MODEL YEAR:
INTENDED USE: <input type="checkbox"/> PRIVATE PLEASURE <input type="checkbox"/> CHARTER <input type="checkbox"/> FISHING GUIDE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> LIVE ABOARD	
IF CHARTER, # OF TRIPS PER YEAR:	IF FISHING GUIDE, # OF GUIDE TRIPS PER YEAR:
DO YOU HAVE PAID CAPTAIN OR CREW? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL NUMBER OF CREW INCLUDING CAPTAIN:

OWNER OPERATOR INFORMATION (If more than two owners/operators please provide information on separate piece of paper)

OWNER/OPERATOR #1 NAME:	<input type="checkbox"/> OWNER AND OPERATOR <input type="checkbox"/> OPERATOR ONLY	
DATE OF BIRTH:	DRIVER'S LICENSE NUMBER:	
LENGTH OF LARGEST YACHT OWNED (FT):	LENGTH OF LARGEST YACHT OPERATED (FT):	HAVE YOU EVER HAD INSURANCE CANCELLED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF YEARS AS OWNER OF LARGEST YACHT:	NUMBER OF YEARS OPERATING LARGEST YACHT:	IF YES EXPLAIN:

DESCRIPTION OF YACHT LOSSES IN THE LAST 3 YEARS: NONE (If more than two losses please provide information on separate piece of paper)

#1 LOSS DATE:	#1 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#1 LOSS AMOUNT:
#1 DESCRIPTION:		



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#2 LOSS DATE:	#2 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#2 LOSS AMOUNT:
#2 DESCRIPTION:		

DESCRIPTION OF MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS: NONE (If more then two MTV's please provide information on separate piece of paper)

#1 MOVING TRAFFIC VIOLATION DATE:	#1 MOVING TRAFFIC VOILATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER
#2 MOVING TRAFFIC VIOLATION DATE:	#2 MOVING TRAFFIC VOILATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER

DESCRIPTION OF DWI / DUI / OUI IN THE LAST 3 YEARS: NONE (If more then one DWI / DUI / OUI please provide information on separate piece of paper)

DWI / DUI / OUI CONVICTION DATE(S):

OWNER/OPERATOR #2 NAME:	<input type="checkbox"/> OWNER AND OPERATOR <input type="checkbox"/> OPERATOR ONLY	
DATE OF BIRTH:	DRIVER'S LICENSE NUMBER:	
LENGTH OF LARGEST YACHT OWNED (FT):	LENGTH OF LARGEST YACHT OPERATED (FT):	HAVE YOU EVER HAD INSURANCE CANCELLED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN:
NUMBER OF YEARS AS OWNER OF LARGEST YACHT:	NUMBER OF YEARS OPERATING LARGEST YACHT:	

DESCRIPTION OF YACHT LOSSES IN THE LAST 3 YEARS: NONE (If more then two losses please provide information on separate piece of paper)

#1 LOSS DATE:	#1 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#1 LOSS AMOUNT:
#1 DESCRIPTION:		
#2 LOSS DATE:	#2 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#2 LOSS AMOUNT:
#2 DESCRIPTION:		

DESCRIPTION OF MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS: NONE (If more then two MTV's please provide information on separate piece of paper)

#1 MOVING TRAFFIC VIOLATION DATE:	#1 MOVING TRAFFIC VOILATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER
#2 MOVING TRAFFIC VIOLATION DATE:	#2 MOVING TRAFFIC VOILATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER

DESCRIPTION OF DWI / DUI / OUI IN THE LAST 3 YEARS: NONE (If more then one DWI / DUI / OUI please provide information on separate piece of paper)

DWI / DUI / OUI CONVICTION DATE(S):

ADDITIONAL YACHT INFORMATION

YACHT MODEL:	YACHT TYPE: <input type="checkbox"/> BASS BOAT <input type="checkbox"/> CRUISER <input type="checkbox"/> HOUSE BOAT <input type="checkbox"/> PONTOON <input type="checkbox"/> RUNABOUT <input type="checkbox"/> SAILBOAT <input type="checkbox"/> TRAWLER <input type="checkbox"/> OTHER		
YACHT HULL IDENTIFICATION NUMBER:	YACHT NAME:	YACHT PURCHASE DATE:	YACHT PURCHASE PRICE:

ENGINE INFORMATION

ENGINE #1 MANUFACTURER:	ENGINE #1 MODEL YEAR:	ENGINE #1 SERIAL NUMBER:	ENGINE #1 HORSE POWER:
ENGINE #2 MANUFACTURER:	ENGINE #2 MODEL YEAR:	ENGINE #2 SERIAL NUMBER:	ENGINE #2 HORSE POWER:



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ENGINE #3 MANUFACTURER:	ENGINE #3 MODEL YEAR:	ENGINE #3 SERIAL NUMBER:	ENGINE #3 HORSE POWER
ENGINE DRIVE TYPE: <input type="checkbox"/> INBOARD <input type="checkbox"/> I/O <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET		FUEL TYPE: <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC	MAXIMUM SPEED:

TRAILER INFORMATION

IS THERE A TRAILER TO INSURE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	TRAILER VALUE:
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TENDER INFORMATION

DO YOU WANT TO SCHEDULE A TENDER EXCEEDING 16FT IN LENGTH AND 35HP? <input type="checkbox"/> YES <input type="checkbox"/> NO		TENDER AND ENGINE VALUE:	
TENDER MANUFACTURER:	TENDER MODEL YEAR:	TENDER LENGTH:	TENDER HULL ID NUMBER:
TENDER ENGINE MANUFACTURER:	TENDER ENGINE MODEL YEAR:	TENDER ENGINE HORSE POWER:	

NAVIGATION AND LAYUP INFORMATION

NAVIGATION LIMITS:	LAYUP FROM:
	LAYUP TO:

PREMIUM PAYMENT METHOD

<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 2 PAY	<input type="checkbox"/> 4 PAY
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PRINCIPLE COVERAGE LIMITS

YACHT & ENGINE VALUE \$ _____ DEDUCTIBLE OPTIONS 1% - 10% _____

LIABILITY \$ _____

TRAILER VALUE \$ _____

TENDER & TENDER ENGINE VALUE \$ _____

CONSUMER PROTECTION INFORMATION – We may, as 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 KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

DISCLOSURE OF MATERIAL FACTS – Every proposer or insured when seeking new insurance or renewing an exiting 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 void 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