



**One Washington Street Newport, RI 02840 401.619.5500 ph 401.619.5501 fax**

Name of Owner:			Date of Birth:
Name under which policy will be written (if different):			Occupation
Street Address:			Cell:
City, State, Zip:		County:	Work:
Driver's License Number	Driver's License State	Social Security Number	Email Address:

**YACHT DESCRIPTION**

Year Built:	Length:	Manufacturer / Builder:	Model:	Hull Identification Number
Name of Yacht:		Country of Registration/Documentation Number:	Date Purchased:	Purchase Price:
Type: Power Sail	Multi -hull Houseboat	Construction: Fiberglass Aluminum	Wood Steel	Kevlar/Carbon Fiber Other
Engine Manufacturer / Model:		Year Built:	Serial Number(s):	
Fuel Type: Diesel Gas	Power Type: Inboard Outboard Inboard / Outboard	Engine(s): Twin Single Other	Horsepower (each): Max Speed (MPH):	Fuel Tanks: Metal Fiberglass
Navigation / Safety Equipment: Auto Fire Ext.    Fume Detector    Radar    RDF    Depth Finder    Auto Pilot    Number of Hand Held Fire Extinguishers Engine Alarm    VHF Radio    Sat Nav    GPS    Theft Alarm    Compass    Other				
Current Survey:	Date of Survey:	Afloat    Drydock	Name of Surveyor:	

**TRAINING/EXPERIENCE**

Years Boating Experience	Boating Courses: State Certified Safety Course    U.S. Power Squadron    U.S.C.G Auxiliary    Captains License
Owned Boats Since:	Other experience or training:

**Boats Previously Owned**

Dates owned	Manufacturer	Type	Size	Waters Navigated
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**Loss History**

Details of any previous losses	Date	Cause	Amount
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Other Operators: (List)	Age:	Experience:	Driver's License Number:
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**YACHT TENDER** (may be insured separately for an additional premium)

Year:	Length:	Manufacturer:	Model:	Hull ID Number:
Engine Year:	Engine Manufacturer:	Engine H.P.:	Engine Serial Number:	

**YACHT TRAILER** (may be insured separately for an additional premium)

Year:	Manufacturer & Model:	Serial Number:	No of Axles:	Capacity:	Stored on Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No
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INSURANCE COVERAGES REQUESTED			
Coverage	Amount of Insurance	Deductible	
Yacht Hull and Machinery	\$	\$	
Named Windstorm Deductible	\$	\$	
Tender & Outboard	\$	\$	
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	
<b>Navigation Area:</b> East Coast U.S. Other:		Florida    Bahamas    Gulf    Caribbean	Lay Up: From Ashore                      Afloat
<b>Home Port:</b>	<b>Exact Hurricane Season Mooring Location:</b> (Marina/Address, City, State, Zip Code)		
LIENHOLDER INFORMATION			
Mortgagee Name and Address:		Loan Number:	
		Loan Balance:	
OTHER INFORMATION			
<b>EXPLAIN All "Yes" Responses In Remarks:</b>	<b>Yes</b>	<b>No</b>	<b>Remarks:</b>
Is yacht ever chartered to others with captain?			
If yes, is yacht owner operated?			
Is yacht ever chartered to others without captain?			
Is yacht used commercially or for business purposes? (explain)			
Do you employ a paid captain or crew? If so how many?			Number of full time crew: ____ part time: ____
Is yacht used for water skiing or recreational diving?			
Was any operator involved in a marine loss in the last 10 years (Insured or not?)`			
Has any carrier cancelled, non-renewed or declined coverage?			
Is the yacht used for racing?			
For fare paying passenger vessels, advise the maximum/average # of passengers per trip ___/___ # trips annually ____			
Additional Info:			

The completion and signing of this application does not bind the **APPLICANT** or this **COMPANY** to effect insurance on this risk; it is submitted for purposes of rating and quotation only. If accepted by this **COMPANY** it is agreed the information furnished herein shall be the basis of the contract should a policy be issued.

<b>Applicant Signature:</b>	Date:	Producer:
Producer Signature:	Date:	