



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):					
Street Address:				Cell:	
City, State, Zip:			County:		Work:
Driver's License Number		Driver's License State		Email Address:	

YACHT DESCRIPTION

Year Built:	Length:	Manufacturer / Builder:		Model:	Hull Identification Number
Name of Yacht:			Date Purchased:		Purchase Price:
Type: Power	Sail	Construction: Fiberglass	Wood	Kevlar/Carbon Fiber	Use:
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	Auxiliary Generator: Diesel Gas
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
-------------	--------------	------	------	------------------

Loss History

Details of any previous losses	Date	Cause	Amount
--------------------------------	------	-------	--------

Other Operators: (List)	Age:	Experience:	Driver's License Number:
-------------------------	------	-------------	--------------------------

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:	

INSURANCE COVERAGES REQUESTED			
Coverage	Amount of Insurance	Deductible	
Yacht Hull and Machinery	\$	%	
Liability (P&I)	\$		
Medical Payments	\$		
Personal Effects	\$		
Navigation Area: East Coast U.S. Florida Bahamas Gulf Caribbean		Lay Up: From	
Other		Ashore Afloat	
Home Port:	Exact Hurricane Season Mooring Location: (Marina/Address, City, State, Zip Code)		
LIENHOLDER INFORMATION			
Mortgagee Name and Address:		Loan Number:	
		Loan Balance:	
OTHER INFORMATION			
EXPLAIN All "Yes" Responses In Remarks:	Yes	No	Remarks:
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.

Applicant Signature:	Date:	Producer:
Producer Signature:	Date:	