



Watercraft/Yacht Insurance Application Form

Items marked with an asterisk (*) are mandatory. A quote will not be given unless all mandatory fields are completed.

SECTION 1 • OWNER/BENEFICIAL OWNER INFORMATION

Owner/Beneficial Owner Name* _____

Is the beneficial owner currently a AIG policyholder? Yes No

If no, is this yacht submission part of a full account submission? Yes No

Date of Birth _____

Occupation* _____

Home Address* _____

City* _____ State/Territory* _____ Zip/Postal Code* _____ Country _____

Home Phone _____ Cell _____ Fax _____ Email _____

Is the mailing address different from the home address? Yes No

Mailing Address: (If different from Home Address)

Name _____

Mailing Address _____

City _____ State/Territory _____ Zip/Postal Code _____ Country _____

Is the yacht corporately owned? Yes No

Corporate information

Is the owning entity a single purpose corporation created solely to have the vessel as its only asset? Yes No

Does this corporation pursue any other commercial ventures? Yes No

Corporation Name* _____

Primary Contact Name _____

Please identify all members of the yacht owning corporation _____

Corporation Address _____

City _____ State/Territory _____ Zip/Postal Code _____ Country _____

Phone _____ Cell _____ Fax _____ Email _____

SECTION 2 • OWNER EXPERIENCE AND LOSS HISTORY

Does the owner currently, or has he/she previously owned other watercraft(s)?* Yes No

| Length of Vessel | Make, Model and Year | Total Horse Power | Years of Ownership |
|------------------|----------------------|-------------------|--------------------|
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Has the owner, captain and/or yacht suffered a loss within last five years?* Yes No

| Date of Loss | Cause of Loss | Nature of Loss | Amount of Loss (USD) |
|--------------|---------------|----------------|----------------------|
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Has the damage been repaired? Yes No

Is a new survey available since the repairs have been made? Yes No

Has insurance for any vessel ever been declined, non-renewed or cancelled?* Yes No

Provide details* _____

What company currently/previously provided coverage for the vessel? _____

Does the owner have any of the following experience: USCGA USPS Licensed Captain

SECTION 3 • VESSEL INFORMATION

Vessel Name _____

Year Built* _____

Purchase Date _____

Purchase Price (in USD) _____

Manufacturer* _____

Model* _____

Length of Vessel* _____

Hull ID Number _____

Hull Material* _____

Is this a sailing yacht?* Yes No

Mast Manufacturer* _____

Mast Material* _____

Engine Manufacturer* _____

Number of Engine(s)* _____

| Horse Power per engine | Year Engine Built | Engine Serial Number |
|------------------------|-------------------|----------------------|
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Maximum Speed (mph)* _____

Fuel Type* Diesel Gasoline

Is the vessel equipped with a helicopter landing pad? Yes No

Gross Tonnage _____

Class (if applicable) _____

SECTION 4 • TRAILERS/TENDERS/PWC

Trailers

Yes No

| Manufacturer | Model | Value (USD) |
|--------------|-------|-------------|
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Tenders

Yes No

| Manufacturer | Model | Length | Year Built | Engine Manufacturer | Engine Horse Power | Value (USD) |
|--------------|-------|--------|------------|---------------------|--------------------|-------------|
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PWC

Yes No

| Manufacturer | Model | Length | Year Built | Engine Manufacturer | Engine Horse Power | Value (USD) |
|--------------|-------|--------|------------|---------------------|--------------------|-------------|
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Additional Vessels

Yes No

| Additional Vessel Description | Value | Deductible | P&I Coverage Request |
|-------------------------------|-------|------------|----------------------|
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Will any tenders or other vessels be towed?

Yes No

Provide Details:

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List any other "toys" as applicable (fishing equipment, scuba gear, etc.):

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SECTION 5 • PRIMARY BERTHING LOCATION/NAVIGATION/VESSEL USE

Primary Summer Berthing Location

Name of Marina _____

Address _____

City* _____ State/Territory* _____ Zip/Postal Code* _____ Country _____

State/Territory required only for United States addresses.

Primary Winter Berthing Location

Name of Marina _____

Address _____

City* _____ State/Territory* _____ Zip/Postal Code* _____ Country _____

State/Territory required only for United States addresses.

What is the intended navigational area during the insured period (actual sailing waters)* _____

Lay up period, if any _____

Vessel Use Private Pleasure Private Pleasure with Skipper Charter Skipper Charter Bareboat Charter

Maximum Number of Charter(s) Per Year _____ Weeks Days

Is the vessel used for racing (other than local club racing)? Yes No

List all proposed events that the vessel will participate in during the insured period:

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SECTION 6 • VESSEL CREW OPERATION

Does the vessel employ a full-time paid captain?* Yes No

Name of Captain _____

Maximum Number of Crew* _____

Number of Full Time Crew* _____

Number of Occasional/Seasonal Crew* _____

Is the vessel operated exclusively by the owner and/or captain? Yes No

| Additional Operator's Name | Date of Birth | Relationship to Owner | Boating Experience |
|----------------------------|---------------|-----------------------|--------------------|
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SECTION 7 • REQUESTED INSURANCE COVERAGE

Expected Commencement Date _____

Requested Hull and Machinery Deductible Options _____

| Coverage Type | Coverage Limit (USD) |
|--|----------------------|
| Yacht Hull and Machinery (including Equipment/Contents)* | |
| Personal Effects | |
| Private Collections (including Fine Art) | |
| Tender(s)/PWC(s) | |
| Liability (P&I) Including Coverage for Number of _____ Crew* | |
| Medical Expenses | |
| Uninsured Boaters | |

Does the vessel currently have a separate named windstorm deductible? Yes No

What is the deductible amount? _____

SECTION 8 • ADDITIONAL INTEREST(S) Loan in the Amount of (USD) _____ Breach of Warranty Loss Payee

Loss Payee Name _____

Address _____

City _____ State/Territory _____ Zip/Postal Code _____ Country _____

 Additional Insured

Insured Name _____

What relationship/interest in the yacht does the additional insured have?*

Address _____

City _____ State/Territory _____ Zip/Postal Code _____ Country _____

SECTION 9 • BROKER INFORMATION

Company Name* _____

Main Contact _____

Private Client Group Broker Code _____

Address* _____

City* _____ State/Territory* _____ Zip/Postal Code* _____ Country _____

Phone _____ Cell _____ Fax _____ Email _____

Comments:

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Client/Authorized Representative Signature

Date

To fax the application, please print and fax the completed form to (866) 774-6423.

The completion of this application does not bind the Applicant or the Insurance Company to effect insurance on this risk; it is submitted for purposes of rating and quotation only. If accepted by the Insurance Company it is agreed that the information furnished herein shall be the basis of the contract should a policy be issued. I warrant that all information provided on this Application is complete and accurate and agree it becomes the basis for both my acceptance by the Insurance Company and the premium charged for my policy. I understand that if I provide false information on this Application, or fail to fully disclose requested information the Insurance Company may cancel or rescind my policy and deny any claim made after the issuance of the policy, as provided by the conditions of the policy.