



Headquarters
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Other Locations
Concord, NC
Lewis Run, PA
Discovery Bay, CA

PLEASURE YACHT APPLICATION

EFFECTIVE DATE: _____

APPLICANT INFO		LOSS PAYEE INFO		
Name: _____		Payee: _____		
Address: _____		Address: _____		
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____		
Beneficial Owner(s): _____		% Financed: _____		
Corporate Name (if any): _____		Nature of operations of the business: _____		
Is Corp for sole purpose of ownership of vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Is this vessel fractionally owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	NAMED OPERATORS		D.O.B.	
	1. _____		_____	
2. _____		_____		
Vessel	Builder/Manufacturer: _____		Model: _____	
	Year: _____ Length: _____		Hull ID/Serial # _____	
	Vessel Name: _____		CONSTRUCTION	
	Date Purchased: _____		TYPE	
Purchase Price: _____		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Runabout <input type="checkbox"/> Cruiser <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Sailboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Other <input type="checkbox"/> Other _____		
Engine & Equip.	Engine Year: _____ Engine Mfg.: _____		Model: _____	
	Total H.P.: _____ Max Speed: _____		Serial #: P _____	
	FUEL: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel TYPE: <i>(check one from each category)</i>		Serial #: S _____	
	ADDITIONAL EQUIPMENT: <input type="checkbox"/> GPS, Radar or Loran <input type="checkbox"/> CO Detector <input type="checkbox"/> Fire Suppression		<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> I/O <input type="checkbox"/> Twin <input type="checkbox"/> Single	
Tender Mfg.: _____ Length: _____		Value: _____	Outboard Value: _____	
Trailer Mfg.: _____ Length: _____		Value: _____	Serial #: _____	
Personal	Years boating: _____		How many years in total have you owned boats? _____	
	PRIOR VESSELS		1 st PRIOR Length: _____ Type: _____ Years Owned: _____	
	2 nd PRIOR Length: _____ Type: _____		Years Owned: _____	
	5 Year Loss History: <input type="checkbox"/> No Losses or (Date(s), Cause, Amount): _____			
EDUCATION <input type="checkbox"/> USCGA <input type="checkbox"/> Licensed Capt.		Present Marine Insurer: _____		
<input type="checkbox"/> USPS <input type="checkbox"/> Other _____		Will applicant be living aboard? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has your insurance ever been canceled or non-renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes				
General	Berthing Location: Summer (Incl. zip): _____		Winter (Incl. zip): _____	
	Navigation Area: _____		<input type="checkbox"/> Mooring <input type="checkbox"/> At Dock <input type="checkbox"/> Trailered	
	Lay-up From: _____ (12:01 AM) To: _____		<input type="checkbox"/> On Land <input type="checkbox"/> In Water, Bubbler System? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Do you employ a paid Captain or crew? <input type="checkbox"/> No <input type="checkbox"/> Yes, How many? _____		*Most recent survey? _____	
	Is vessel ever chartered / used commercially? <input type="checkbox"/> No <input type="checkbox"/> Yes Charter Type: _____		# per year: _____	
	Is yacht used for racing? <input type="checkbox"/> No <input type="checkbox"/> Yes, details: _____			
Is this vessel being held for sale? <input type="checkbox"/> No <input type="checkbox"/> Yes, held for sale since: _____				
Additional Insured(s) & Relationship to Insured: _____				
In the last 3 years, have you been convicted of a DUI, OUI or DWI? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Coverages	AMOUNT OF INSURANCE		DEDUCTIBLE	PREMIUM
	HULL & EQUIPMENT	\$ _____	\$ _____	\$ _____
	OUTBOARD MOTORS	\$ _____	\$ _____	\$ _____
	LIABILITY	\$ _____	\$ _____	\$ _____
	MEDICAL PAYMENTS	\$ _____	\$ _____	\$ _____
	PERSONAL EFFECTS	\$ _____	\$ _____	\$ _____
	TRAILER / TENDER	\$ _____	\$ _____	\$ _____
	FUEL SPILL	\$ _____	\$ _____	\$ _____
	TOWING	\$ _____	\$ _____	\$ _____
	UNINSURED BOATER	\$ _____	\$ _____	\$ _____
1% Min. or \$250 which is greater, Trailer Deductible \$100.			TOTAL PREMIUM: \$ _____	
I hereby declare that I personally have read this application and declare that the statements made are true. I understand that this is not a binder of insurance. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.		Producer # _____ Agency: _____ Address: _____		
Applicant's Signature: _____		Date: _____		

*A survey, not older than 36 months, must accompany application for vessels over ten years old. Recommendations must be completed within thirty days from inception date of policy unless otherwise stated in your quote.