

Yacht Insurance Application Form

The application form that follows is aimed at generating information regarding your exposure to risk and therefore guide underwriters to provide the best package of cover and terms available. Please complete all relevant sections in full as accurately as possible as this may form a part of your future contract.

Insureds Name			
Insureds Age			
Date of Birth			
Beneficiary Name			
Full Mailing Address			
Telephone Number (Home)			
Telephone Number (Work)			
Email Address			
Occupation			
Lienholder Information			
Vessel Name			
Name			
Address – Number & Street			
Effective Date:	From:	To:	
Laid up:	From:	To:	Onshore Afloat



Laid up location (City, State, Province, Country)	
Coverages will not be provided unless indicated hereunder:	
	Sum Insured
Hull – Physical Damage	
Tender/Dinghy	
Liability Coverage	
Crew Liability	
Commercial Passenger liability	
Equipment	
Bilge Pumps	
Cooking Stove	
Flame Detector	
CO2 / Halon system	
Fire Extinguishers	
Aux/Generator diesel	
EPIRB	
Engine Alarm	
Life Raft	
Sonar	
GPS	
Other (please provide detail)	

Primary Power				
Sail	Outboard	Inboard	Inboard/ Outdrive	Other
Type of Hull				
Sailboat Mono	Multi	Performance		Runabout
Hull Material				
Wood		Metal		Fibreglass
Fuel Tank				
Metal		Fibreglass		

Vessel Information:			
Year		Length	
Date Purchased		Purchase Price	
Present Value		Max Speed	
REG. No.		Flag	
Hull Identification Number		Manufacturer/ Model	
Tenders or Dinghies		Anti-theft precautions	
Navigation Information			
Main mooring / Storage location / Home base / Home Port:			
Waters to be navigated:			
Will vessel be located between 12°40' to 23°30' North and 55° – 85° West during the period 1 st July to 1 st November			Yes
			No

Engine / Outboard Motor Information							
Eng	H.P.	Gasoline	Diesel	Year	Date Purchased	Purchase Price	Present Value
1							
2							
3							
Manufacturer / Model					Serial Number		
1							
2							
3							
Date Vessel last surveyed?						Ashore / Afloat	

Trailer Information			
Year		Date Purchased	
Purchase Price		Present Value	
Manufacturer / Model		Serial Number	
Details of previous vessels owned:			

Operator(s) information (always list insured as Operator #3)					
Operator 1					
Name		Date of Birth		Auto Driver's License No.	
State		Social Security		USCG/Power Squadron Certificate	
Operator 2					
Name		Date of Birth		Auto Driver's License No.	
State		Social Security		USCG/Power Squadron Certificate	
Operator 3					
Name		Date of Birth		Auto Driver's License No.	
State		Social Security		USCG/Power Squadron Certificate	
	Violations / Suspensions (including auto) in last 5 years			Years of boat ownership	
1					
2					
3					

General Information			
#	Explain all 'Yes' responses in remarks	Yes	No
1	Is the vessel chartered to others with captain?		
2	Is the vessel chartered to others without captain?		
3	Is the vessel used for racing?		
4	Is the vessel used for water skiing or diving?		
5	Will the vessel be operated single handed?		
6	Is the vessel used commercially or for business purposes?		
7	Does the applicant employ paid crew?		
	If so, how many		
8	Has the operator been involved in a marine loss in the last 10 years (insured or not)?		
9	Has any coverage been declined, cancelled or non-renewed in the last 5 years?		
10	Is this a year-round liveboard vessel or is the vessel used as a residence 12 months?		
11	Is the vessel used for fare paying passengers?	Yes	No
	a. Passengers per trip – average number?		
	b. Passengers per trip – maximum?		
	c. Number of trips per year:		
Remarks			
No.	Comments		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

11	a. b. c.
Additional Information:	
I confirm that this form has been completed accurately and that all material information has been given. Completion of this form is not binding by either party.	
Applicant Signature:	
Name in full:	
Signature date:	

