

## 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 Chartis 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

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)

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

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)

Tenders

Yes  No

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

PWC

Yes  No

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

Additional Vessels

Yes  No

Additional Vessel Description	Value	Deductible	P&I Coverage Request

Will any tenders or other vessels be towed?

Yes  No

Provide Details:


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


**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 navigation for insured period?\* \_\_\_\_\_

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:


**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

**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:


\_\_\_\_\_  
Client/Authorized Representative Signature

\_\_\_\_\_  
Date

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.