

Application For Yacht Insurance



A. ASSURED DETAILS											
A1.	Name of the Assured:										
	Mailing Address:				City:		State:	Zip code:			
A2.	Beneficial Owner(s):				Is this yacht fractionally owned?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
A3.	Corporate Ownership (if any):				Is corporation for sole purpose of ownership of yacht?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
A4.	Loss Payee:										
B. YACHT											
B1.	Yacht Name:				Builder/Manufacturer:						
B2.	Year:		Model:		Length:			Hull ID/Serial #:			
B3.	Date Purchased:		Amount Financed:		Purchase Price:						
B4.	Has there been prior damage?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Was it purchased as salvage?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
B5.	Construction				Type						
	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Other		<input type="checkbox"/> Runabout	<input type="checkbox"/> Cruiser	<input type="checkbox"/> Other				
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel		<input type="checkbox"/> Sailboat	<input type="checkbox"/> Houseboat						
C. ENGINE & EQUIPMENT											
C1.	Engine Year:		Engine Mfg:		Model:		Serial #: P				
C2.	Total H.P.:		Max Speed:		Number of Engines:		Serial #: S				
C3.	Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Diesel				Type <input type="checkbox"/> Twin <input type="checkbox"/> Single						
C4.	Additional Equipment				Type						
	<input type="checkbox"/> GPS, Radar or Loran		<input type="checkbox"/> CO Detector		<input type="checkbox"/> Outboard		<input type="checkbox"/> Inboard				
	<input type="checkbox"/> Fire Suppression				<input type="checkbox"/> I/O		<input type="checkbox"/> Houseboat				
C5.	Tender Mfg.:		Value:		Length:		Outboard Value:				
C6.	Trailer Mfg.:		Value:		Serial #:						
D. GENERAL											
D1.	Summer Berthing (Incl Zip):				Winter Berthing (Incl Zip):						
	<input type="checkbox"/> Mooring <input type="checkbox"/> At Dock <input type="checkbox"/> Trailered				<input type="checkbox"/> Mooring <input type="checkbox"/> At Dock <input type="checkbox"/> Trailered						
D2.	Navigation Area:										
D3.	Lay-Up : From:		(12:01 AM)		To:		<input type="checkbox"/> On Land		Bubbler System	YES <input type="checkbox"/>	NO <input type="checkbox"/>
							<input type="checkbox"/> In Water				
D4.	Do you employ a paid Captain or crew?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many?					
D5.	Is yacht ever chartered / used commercially?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Charter Type:				# per year	
D6.	Is yacht used for racing?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give details:					
D7.	Is this yacht being held for sale?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Held for sale since:					
D8.	Additional Insured(s) & Relationship to Insured:										
D9.	In the last 3 years, have you been convicted of a BUI, DUI, OUI or DWI?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		

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E. OPERATORS			
E1.		Named Operators	D.O.B.
	1.		
	2.		
	3.		

F. PERSONAL			
F1.	Years boating:		How many years in total have you owned boats?:
F2.	Prior Yachts	Length:	Type:
	1.		
	2.		
	3.		
F3.	Loss Experience (Attach loss analysis if available) <input type="checkbox"/> No Losses		
	Date	Cause	Amount
	1.		
	2.		
	3.		
F4.	Education <input type="checkbox"/> USCGA <input type="checkbox"/> Licensed Capt. <input type="checkbox"/> USPS <input type="checkbox"/> Other		
F5.	Present Marine Insurer:		
F6.	Will applicant be living aboard?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Has your insurance ever been canceled or non-renewed? YES <input type="checkbox"/> NO <input type="checkbox"/>

G. COVERAGES			
G1.		Amount of Insurance	Deductible
	Hull & Equipment	\$	\$
	Outboard Motors	\$	\$
	P&I "Liability"	\$	\$
	Medical Payments	\$	\$
	Personal Effects	\$	\$
	Trailer/Tender	\$	\$
	Fuel Spill	\$	\$
	Towing	\$	\$
	Uninsured Boater	\$	\$
	1% Min. or \$250 which is greater, Trailer Deductible \$100.		Total Premium:

G2. When do you want this coverage to be effective from?
Please note that no cover is granted without written confirmation from Hugh Wood Inc.

Declaration

Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. By signing below you are stating that you have read, agree and will abide by all terms stated in the fraud notice above. You must agree to the fraud notice terms to continue and submit this application.

Signature: _____ Date _____