Date Completed*



Watercraft/Yacht Insurance Application Form

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

SI	ECTION 1 • OWNER/BENEFICIAL OW	/NER INFORMATION					
	Owner/Beneficial Owner Name*						
	Is the beneficial owner currently a Al	IG 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 f	rom 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 purpos	e corporation created solely to h	ave th	ne vessel as its only asset?	🗌 Yes	No	
	Does this corporation pursue any ot	ther commercial ventures?			🗌 Yes	No	
	Corporation Name*						
	Primary Contact Name						
	Please identify <u>all</u> members of the yacht owning corporation						
	Corporation Address						
	City	State/Territory		Zip/Postal Code		Country	
	Phone	Cell	Fax		Email		
SI	ECTION 2 • OWNER EXPERIENCE AN	ID LOSS HISTORY					
	Does the owner currently, or has he/	/she previously owned other wat	ercraf	t(s)?* 🗌 Yes 🗌	No		
	Length of Vessel	Make, Model and Year		Total Horse Power		Years of Ownership	

Image: Section of the sec	las the owner, captain and/or yach Date of Loss	Cause of Loss	Nature of Loss	Amount of Loss (USD)
a new survey available since the repairs have been made? a new survey available since the repairs have been made? yes No ovide details* ' ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' ' hat company currently/previously provided coverage for the vessel? ' Licensed Captain ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
a new survey available since the repairs have been made? a new survey available since the repairs have been made? yess No ovide details*				
International a new survey available since the repairs have been made? is insurance for any vessel ever been declined, non-renewed or cancelled?* Yes No rovide details* //hat company currently/previously provided coverage for the vessel? //hat company currently/previously provided coverage for the vessel? //bess the owner have any of the following experience: USCGA USCGA USPS Licensed Captain TION 3 - VESSEL INFORMATION //ear Built* //urchase Date //urchase Price (in USD) //anufacturer* //odel* <p< td=""><td></td><td></td><td></td><td></td></p<>				
Image: Solution of the section of the se				
International and the set of the	las the damage been repaired?		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 CTION 3 - VESSEL INFORMATION Vessel Name Year Built* Purchase Date Purchase Date Purchase Price (in USD) Manufacturer* Model* Length of Vessel* Hull ID Number Hull Material* Is this a sailing yacht?* Mast Manufacturer* Mast Material* Engine Manufacturer*	s a new survey available since the r	epairs have been made?	Yes	🗌 No
What company currently/previously provided coverage for the vessel? Does the owner have any of the following experience: USCGA US	las insurance for any vessel ever be	een declined, non-renewed or can	celled?*	🗌 No
Does the owner have any of the following experience: USCGA USPS Licensed Captain	Provide details*			
CTION 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?* Mast Manufacturer* Mast Manufacturer* Mast Material*	Vhat company currently/previously	y provided coverage for the vesse	1?	
/essel Name /ear Built* Purchase Date Purchase Price (in USD) Manufacturer* Model*	Does the owner have any of the fol	lowing experience:	USCGA USPS	Licensed Captain
/essel Name /ear Built* Purchase Date Purchase Price (in USD) //anufacturer* //dodel*	TION 3 • VESSEL INFORMATION			
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Hull ID Number Hull Material* s this a sailing yacht?* Asst Manufacturer* Mast Material* Ingine Manufacturer* Number of Engine(s)*	/odel*			
Hull Material* s this a sailing yacht?* Mast Manufacturer* Mast Material* Engine Manufacturer* Number of Engine(s)*	ength of Vessel*			
Is this a sailing yacht?* Mast Manufacturer* Mast Material* Engine Manufacturer* Number of Engine(s)*	Hull ID Number			
Mast Manufacturer* Mast Material* Engine Manufacturer* Number of Engine(s)*	Hull Material*			
Mast Material*	s this a sailing yacht?*		Yes	No
Engine Manufacturer*	Mast Manufacturer*			
Number of Engine(s)*	Mast Material*			
	Engine Manufacturer*			
Horse Power per engine Year Engine Built Engine Serial Number				
		Year Engine Built	Engine Serial Numbe	r
	Number of Engine(s)*	Year Engine Built	Engine Serial Numbe	r
	Number of Engine(s)*	Year Engine Built	Engine Serial Numbe	r
Aaximum Speed (mph)*	Jumber of Engine(s)* Horse Power per engine	Year Engine Built	Engine Serial Numbe	
Maximum Speed (mph)* uel Type*	Horse Power per engine Horse Power per engine Maximum Speed (mph)*			

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	Vesse	s
naunonai	VC35C	

🗌 Yes 🗌 No

Additional Vessel Description	Value	Deductible	P&I Coverage Request

Will any tenders or o	ther vessels be towed?
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🗌 Yes 🗌 No

Provide Details:

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

Lity* State/Territory* Zip/Postal Code* Country Primary Winter Berthing Location Name of Marina Vddress City* State/Territory* State/Territory* Zip/Postal Code* Country tister/Territory required only for United States addresses. What is the intended navigational area during the survey equired only for United States addresses. What is the intended navigational area during the survey period, if any dessel Use Private Pleasure Private Pleasure entry Weeks Days state/Territory required only for Iduation of Charter(s) Per Year Weeks Use period: Country dessel use for racing (other than local club racing)? State addressed weeks that the vessel will participate in during the insured period: Country Vessel vessel employ a full-time paid captain?* Ves No No Iame of Captain Maximum Number of Crew* Number of Cocasional/Seasonal Crew* Vumber of Occasional/Seasonal Crew* Number of Occasional/Seasonal Crew*	Name of Marina	Location		
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Primary Winter Berthing Location Name of Marina Address	City*	State/Territory*	Zip/Postal Code*	Country
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 nsured 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 Pleasure Weeks Days s 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: CTION 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*	State/Territory required only for L	United States addresses.		
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Name of Captain Maximum Number of Crew* Number of Full Time Crew* Number of Occasional/Seasonal Crew* a the users of exercise 2				
Maximum Number of Crew* Number of Full Time Crew* Number of Occasional/Seasonal Crew*	TION 6 • VESSEL CREW OPER	ATION		
Number of Full Time Crew*			Yes No	
Number of Occasional/Seasonal Crew*	Does the vessel employ a full-tir		□Yes □ No	
	Does the vessel employ a full-tir Name of Captain		□Yes □ No	
s the vessel operated exclusively by the owner and/or captain?	Does the vessel employ a full-tir Name of Captain Maximum Number of Crew*		Yes No	
	Does the vessel employ a full-tir Name of Captain Maximum Number of Crew* Number of Full Time Crew*	me paid captain?*	Yes No	
Additional Operator's Name Date of Birth Relationship to Owner Boating Experience	Does the vessel employ a full-tin Name of Captain Maximum Number of Crew* Number of Full Time Crew* Number of Occasional/Seasona	me paid captain?*	YesNo YesNo	

Expected Commencement Date

Requested Hull and Machinery Deductible Options

	Coverage Type		Coverage Limit (US	5D)
acht Hull and Machinery (ind	cluding Equipment/Conte	nts)*		
Personal Effects				
Private Collections (including	Fine Art)			
Fender(s)/PWC(s)				
iability (P&I) Including Cover	age for Number of	Crew ³		
Medical Expenses				
Jninsured Boaters				
Does the vessel currently have What is the deductible amour	-		Yes No	
-	it?			
What is the deductible amour	nt?			
What is the deductible amour	nt?			
What is the deductible amour CTION 8 • ADDITIONAL INTE D Loan in the Amount of (U	nt?			
What is the deductible amour CTION 8 • ADDITIONAL INTE Loan in the Amount of (U: Breach of Warranty	nt?			
What is the deductible amoun CTION 8 • ADDITIONAL INTE Loan in the Amount of (U) Breach of Warranty Loss Payee	nt?			
What is the deductible amoun CTION 8 • ADDITIONAL INTE D Loan in the Amount of (U) Breach of Warranty Loss Payee Loss Payee Name	nt?		Zip/Postal Code	Country
What is the deductible amoun CTION 8 • ADDITIONAL INTE Loan in the Amount of (U Breach of Warranty Loss Payee Loss Payee Name Address	nt? REST(S) SD)			Country

Address _				
City	State/Territory	Zip/Postal Code	Country	
SECTION 9 • BROKER INFOR	MATION			
Company Name*				
Main Contact				
– Private Client Group Broke	er Code			
Address*				

City*	State/Territory*	Zip/Postal Code*		Country
Phone	Cell	Fax	Email	

Comments:		

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.