



Yacht Quote/Application

Use the 1st page for a quote, and complete the 2nd page to issue the policy.

FAX # - 800-889-1807 (for yachts 26' - 29' 11")

FAX # - 800-382-6235 (for yachts 30' and over)

POLICY EFFECTIVE DATE		Downpayment:		AgencyCode	
Insured's Name				Agency Name	
Street Address				Contact Name	
City		State	Zip	Agency Phone #	
Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes		Previously Declined, cancelled, nonrenewed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes explain in remarks)		Agency FAX #	

OWNER/OPERATOR INFORMATION – List all operators (including minor and occasional operators)

	Birth Date	Yrs. Exp.	% of use	USPS/USCGA course?	
1.				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
2.				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
3.				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced

Previous Vessels owned (please specify size and years owned)

Prior Boating Losses (date, description, amount, operator (if applicable))

Is this yacht used for racing? No Yes If yes, what % of time? _____ %

YACHT INFORMATION

Yacht	Year	Length	Manufacturer	Model	Total HP	Max speed (mph)
	Engine Info: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other:		Engine Type: <input type="checkbox"/> Outboard(s) <input type="checkbox"/> Inboard <input type="checkbox"/> Outdrive (I/O) <input type="checkbox"/> Water Jet	Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> None	Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other:	Hull Identification Number
	Date of Last Survey	Date Purchased	Total Purchase Price	Was yacht purchased as salvage or previously damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Outboard Motor(s)	Year	Manufacturer		Model	Value	
Dinghy (If over 16' or 25 hp)	Year	Manufacturer		Model	Length	Value
	Dinghy Motor Manufacturer		Dinghy Motor Year	Serial Number	Total HP	Value
Trailer	Year	Manufacturer		Model	Value	

Waters Navigated (x which apply)

<input type="checkbox"/> Full Atlantic (ME to FL)	<input type="checkbox"/> Restricted South Atlantic (NC,SC,GA)	<input type="checkbox"/> Southeast Inland lakes & rivers	<input type="checkbox"/> Puget Sound
<input type="checkbox"/> New England (ME to NJ)	<input type="checkbox"/> South Atlantic (NC to FL)	<input type="checkbox"/> Southern California	<input type="checkbox"/> San Francisco Bay & tributaries
<input type="checkbox"/> North Atlantic (ME to NC)	<input type="checkbox"/> Great Lakes	<input type="checkbox"/> West Coast	<input type="checkbox"/> Lake Powell/Lake Mead
<input type="checkbox"/> Northeast Inland lakes & rivers	<input type="checkbox"/> Gulf (FL to TX)	<input type="checkbox"/> California Coastal	<input type="checkbox"/> Western States –Inland
<input type="checkbox"/> Chesapeake Bay	<input type="checkbox"/> Atlantic & Gulf (ME to TX)	<input type="checkbox"/> Northern California	<input type="checkbox"/> Oregon
<input type="checkbox"/> Other: _____			

Location List name & location of marina or residence	Summer (City, State, Zip)	Winter (City, State, Zip)	Lay-up Period (mo/day) From To	<input type="checkbox"/> Hauled <input type="checkbox"/> Afloat <input type="checkbox"/> Bubbler system	
Pleasure Use <input type="checkbox"/> No <input type="checkbox"/> Yes	# of Charters	Paid Captain <input type="checkbox"/> No <input type="checkbox"/> Yes	Paid Crew <input type="checkbox"/> No <input type="checkbox"/> Yes	Total Paid Crew (including Captain) # _____	Live Aboard <input type="checkbox"/> No <input type="checkbox"/> Yes
Safety Equipment	<input type="checkbox"/> GPS	<input type="checkbox"/> Built-in CO2	<input type="checkbox"/> Ship/Shore Radio	<input type="checkbox"/> Depth Sounder	<input type="checkbox"/> Burglar Alarm
	<input type="checkbox"/> Radar	<input type="checkbox"/> Laser Plot	<input type="checkbox"/> EPIRB	<input type="checkbox"/> Vapor Detector	

COVERAGES

Hull (incl.machinery, equipment & o/b)	Hull Ded.%	Protection & Indemnity	Medical Payments (\$2,000 incl. 26' - 29'11" - \$5,000 incl. 30' +)	UB (Equal to P&I)	Commercial Towing (\$600 incl. 26' - 29'11" - \$1,000 incl. 30' +)	Pers Prop (\$1,000 included)
\$ _____	_____	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	\$ _____		<input type="checkbox"/> \$800 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	\$ _____

Optional Coverages: Hurricane Haul Out Reimbursement Electronic Deductible Endorsement (\$250,000 hull minium) \$ _____
 Blanket Fishing Equipment: Total Value \$ _____
 Other: _____

Additional Information needed to issue:

Occupation (s) for all operators: 1. 2. 3.	How many years have you known the applicant?	Do you handle other insurance with Travelers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, (<input checked="" type="checkbox"/> which apply). <input type="checkbox"/> Homeowners <input type="checkbox"/> Automobile <input type="checkbox"/> Umbrella <input type="checkbox"/> Other:
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Has any operator been convicted of a moving violation or had an accident during the last 3 years? No Yes (Give details below)

Date	Loss description including amount/violation description	Operator #
1.		
2.		
3.		

Loss Payee			Alternate Payor		
Name			Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

Additional Insured			
Name			
Address			Have you or any operator had a criminal conviction (arson, burglary, etc.) within the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate by whom and reason in the remarks.
City	State	Zip Code	

Additional Remarks -

Signature

The statements made on this application are accurate to the best of my knowledge. I agree that this application shall constitute a part of any policy issued whether attached or not. I understand that any false or inaccurate information may result in my policy being made null and void or canceled as permitted by state law. I also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of Applicant: _____ **Date:** _____

To the best of my knowledge, the applicant has provided truthful information and I certify that the above signature is that of the named insured.

Signature of Agent: _____ **Date:** _____