

PLEASE READ AND REVIEW CAREFULLY

Policy No.	Proposed Effective Date From: _____ To: _____		Agent's Phone No.	Agent Code
Applicant's Name			Agent Name and Address	
Mailing Address				
		Percent Ownership		
Applicant's Phone No. Work: _____ Home: _____			Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (If Direct Bill full premium or down payment for financing is required with application)	
Applicant's Occupation		Applicant's Social Security No.	Company Financing Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete and sign finance agreement and indicate: <input type="checkbox"/> 8 pay <input type="checkbox"/> 10 pay	
Residence address (if different than mailing address) :			Mooring Information: Covered: <input type="checkbox"/> Yes <input type="checkbox"/> No Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No Buoyed: <input type="checkbox"/> Yes <input type="checkbox"/> No Tied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Name of Moorage	
Additional Owners (not shown above)		Pct Ownership	Address (Street)	
Additional Owners (not shown above)		Pct Ownership	(City, State, Zip)	Slip Number

All Additional Interests / All Loss Payee(s) Information

Name & complete address: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured	Name & complete address: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured
Loan #:	Loan #:

YACHT INFORMATION

Name		Builder	Model	Yr Built	Length	Hull Material: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Other _____	
<input type="checkbox"/> Power <input type="checkbox"/> Sail	Engine Make & Model			Yr Mfg'd		Fuel	
Horsepower	Twin <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Speed	Registration No.	Hull Identification No.			
Yacht Purchase Price	Purchase Date (MM/YY)	Current Market Value	Fire Suppression System <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Automatic or <input type="checkbox"/> Manual			Is Boat For Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Equipment on board your Yacht

<input type="checkbox"/> Ships Computer	<input type="checkbox"/> Auto Pilot	<input type="checkbox"/> VHF	<input type="checkbox"/> GPS	Galley Fuel	Space Heating Fuel	Fire Extinguishers
<input type="checkbox"/> Depth Finder	<input type="checkbox"/> Radar	<input type="checkbox"/> Other				How Many? ____ Last Tagged _____

Generator Information

Engine Make & Model	Yr Mfg'd	Fuel
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Tender(s)

Year	Make	Length	Value	Make of Motor	Year Mfg'd	HP	Value
			\$				\$
			\$				\$
			\$				\$

COVERAGES DESIRED

COVERAGES	LIMIT	DEDUCTIBLE	PREMIUM (For Company Use Only)
A. Property (Hull) Value	\$	\$	\$
Tender	\$	\$	\$
O/B Motor	\$	\$	\$
Personal Effects	\$	\$	\$
Towing	\$ 2,500		INCL
B. Liability	\$		\$
Pollution	\$		INCL
C. Medical Payments	\$ 5,000 / \$ _____		INCL / \$ _____
D. Uninsured Boater	\$		\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL			\$

General Information

Will yacht be used for other than private pleasure? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____
Live aboard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lay-up Warranty: From ___/___/___ To ___/___/___
Ashore location: _____
Afloat location: _____
Limits of Navigation: <input type="checkbox"/> Puget Sound <input type="checkbox"/> Columbia River
If other, describe: _____
Survey Available: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy
Recommendations complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Contact _____ Phone No. _____

Operator Information (Provide complete information for all operators including any captains and crew)

Name	Date of Birth	Relation to Applicant	Total Years Experience	Date Boating Safety Course Completed	Member of CG Aux/Pow Squad?	State License Number	Driver's License Number	Violations

Prior and Current Insurance Company Information

Type of Coverage	Insurance Company	From	To	Premium

Has any insurance company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No If yes, explain:

Prior Loss Information (Include information for all claims, losses and casualties of all kinds and nature.) List by Most Recent.

Date of Loss	Insurance Company	Loss Amount	Open/Closed	Description of Loss

Prior Boats Owned

Make	Model	Length	Power or Sail	Year Mfg.	# of Years Owned

ADDITIONAL REMARKS

UNDERWRITING PROCEDURE COMPLIANCE FORM

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

This application in its entirety along with other information available to the underwriters will be the basis for the underwriting process. All insurance provided shall be null and void if you or your agent at any time, either intentionally conceal or misrepresent any fact, regardless of materiality, or if you misrepresent or conceal any material fact regardless of intent. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. I have read all entries and they are all true.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____