



Date _____

Exp. Prem. _____

Your Fax Number _____

Exp. Effective Date. _____

Your Email _____

Agency _____

Producer Name _____

******PLEASE FILL OUT COMPLETELY TO RECEIVE A QUOTE******

Yacht Owner

Name _____ DOB ___/___/___

Address _____ City _____ State _____ ZIP _____

Occupation _____

Seamanship Course? Yes No Losses _____

Drivers License # _____ Dr License St _____

If other operators please complete separate resume of personal boating experience

Mooring Details

Name of In Season Marina or Other Location _____

Address: _____

City _____ State _____ Zip Code _____

Storage Details

Name of Storage Marina or Other Location _____

Address: _____

City _____ State _____ Zip Code _____

Yacht

Year _____ Make _____ Model _____

Length _____ H.P. _____ Max Speed _____ Hull ID: _____ Fuel: Gas Diesel

Fiberglass Aluminum Steel Wood Engine Drive Type: I/O I/B O/B Jet

Yacht Type: Bass Boat Pontoon Cruiser Center Console Other _____

VHF Depth Finder Radar Loran/GPS Marine Compass

Of Engines _____ Engine Manufacturer _____ Serial # _____

Purchase Date ___/___/___ Purchase Price \$ _____

Intended Use Private Pleasure Charter Fishing Guide Commercial Live Aboard

Navigational Area _____ Lay Up Dates ___/___ to ___/___

Insurance Coverage

Hull Value \$ _____ Liability Limits: \$100,000 \$300,000 \$500,000 \$1 MIL

Trailer Value \$ _____ Dinghy Value \$ _____ Fishing Equipment \$ _____

Medical Payments _____ (\$1,000 Included)

Other _____

RESUME OF PERSONAL BOATING EXPERIENCE

Please complete for each operator

1. Name of Operator _____
Address _____
City _____ State _____ Zip _____

2. Drivers License Number _____ State _____

3. Date of Birth ___/___/___ Marital Status _____

4. Occupation _____

5. Years of general boating experience _____ 6. Years of titled boat ownership _____

7. Prior boats you have owned AND/OR operated: COMPLETE ALL CATEGORIES

Year	Length	Manufacturer	Model (CAT)	Dates Operated (from year)	Dates Operated (to year)

8. List all waters or areas you have navigated: (Atlantic, Great Lakes, Bays, Bahamas, Caribbean, etc)

9. List Licenses, Boating Courses, Boating Education Classes, etc. completed (if non, write "None")

10. List all marine insurance claims and/or prior marine loss history in past 5 years (if non, write "None")

Date of loss _____ Loss Description _____

Date of loss _____ Loss Description _____

Date of loss _____ Loss Description _____

I HEARBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature of Insured: _____ Date: ___/___/___

Signature of Agent: _____ Date: ___/___/___