



YACHT INSURANCE APPLICATION

BINDING: This is an application for insurance. You must submit a fully completed application and premium to our office in order for coverage to be considered.

Policy Period: From:

To:

	Number:
	Phone Number:
	Fax Number:

APPLICANT INFORMATION

	Primary Phone Number:
	Secondary Phone Number:
	Email Address:
	Date of Birth:
	Marital Status:
	Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Rented

YACHT INFORMATION

Hull Type	Length	Max. Speed	Hull Material
Year	Manufacturer Name	Model Name	
Hull ID # (HIN)	Purchase Date	Purchase Price	
ENGINE			
# of ENGINES	Propulsion	Fuel Type	Total HP
Year	Engine Manufacturer	Serial #(s)	Total Value of Yacht, Engine & Equipment

TRAILER		
Year	Manufacturer Name	Serial
		Trailer Value

BY SIGNING THIS APPLICATION, I WARRANT THAT THE VEHICLE HAS A TOW CAPACITY RATING THAT IS ADEQUATE TO PULL THE YACHT AND TRAILER.

TENDER	
Description	Tender Value

YACHT NAVIGATION LIMITS & USAGE

Navigation Limits
Usage

YACHT STORAGE INFORMATION

MOORING LOCATION - IN SEASON	LAY-UP LOCATION (If applicable)
Location Name	Location Name
Location Type	Location Type
	Location Zip
	Type
	LAY-UP DATES: FROM: TO:

OPERATOR INFORMATION

PRIMARY Operator Name	Date of Birth	Years Experience with similar vessels in last 10 years (within 10' in length and like type)	Licensed Captain
			<input type="checkbox"/> YES <input type="checkbox"/> NO

PRIOR BOATS OPERATED	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Year	Length	Description of Boat Operated (Manufacturer and Model Name)	Total Years Owned and Operated	Owner	Operator
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Safety Courses Completed	
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List and describe all motor vehicle violations/accidents in the past three years for this operator.

List and describe all prior marine losses, including dates.

LOSS TYPE	DESCRIPTION	DATE	AMOUNT

ELIGIBILITY QUESTIONS

Is the yacht(s) up for sale?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the yacht(s) not been insured anytime during the past 30 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the yacht(s) (including the engines) been modified or altered from its original stock condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any owner(s) or any operator(s) ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
During the past three years, has any operator(s) had their drivers license suspended, revoked or refused?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
During the past three years, has any operator(s) had any boat or automobile insurance canceled, been refused issuance or renewal, or received notice of such intent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any owners that have not been disclosed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please explain:

LOSS PAYEE INFORMATION

Name and Address _____

COVERAGES AND PREMIUMS

COVERAGE	LIMIT	ELECTED DEDUCTIBLE
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Minimum Earned Premium \$200.00*

*\$0 in GA, OH and SC

APPLICANT'S STATEMENT AND SIGNATURE - MANDATORY

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996 I understand that as a part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but it in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information. If your boat is located in AZ, CA, NY, OR or PA, please read the state specific fraud warnings below:

STATE SPECIFIC FRAUD WARNINGS

AZ For your protection Arizona law requires the following statement to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

CA For your protection California law requires the following to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NY Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OR Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

STATE SPECIFIC INSURANCE SCORE NOTIFICATIONS

AK & CT In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.

KS To offer you an accurate quote in connection with this application for insurance we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew your insurance. The company has established an internal appeal process allowing you to provide documentation to establish the existence and duration of personal circumstances justifying that certain adverse credit information not be

NM In connection with your application for insurance coverage, we may review and use information contained in the unit owner's credit report to help determine your premium or your eligibility for coverage. Future reports may be used to update or renew your insurance.

NY In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from the credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from the following consumer reporting agencies: Experian, TransUnion or Equifax. Future reports may be used to update or renew your insurance.

WV Your credit information is used by Markel American Insurance Company to produce a credit score. This credit score has an effect on the premium that you pay for your insurance. Markel American Insurance Company is required by the Insurance Commissioner to recheck your credit information no less than once every 36 months for changes. You have the option to request that Markel American Insurance Company recheck your credit score more frequently than once every 36 months, but you can only make this request once during any twelve-month period. If there has been a change in your credit score, Markel American Insurance Company shall re-underwrite and re-rate the policy based upon the current credit report or credit score. The change in your credit score may result in an increase or a decrease in the premium that you pay for your insurance. Any changes in your premium will take place upon renewal if your request is made at least 45 days before your renewal. If the request is made less than 45 days before your renewal date, the insurer shall re-underwrite and re-rate the policy for the following renewal.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____

Producer's Name (please print) _____ Producer's License No. (required in Florida) _____