



OREGON  
(800) 452-9412

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<http://www.hullconw.com>

**YACHT INSURANCE APPLICATION**  
RECENT SURVEY REQUIRED

**Clear Form**

Policy No.	Proposed Effective Date From: _____ To: _____	Agent's Phone No.	Agent Code
Applicant's Name		Agent Name	
Mailing Address		Mailing Address	
		Pct Ownership	%
Applicant's Phone No. Work: _____ Home: _____	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)		
Email	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES": <input type="checkbox"/> 8 pay <input type="checkbox"/> 10 pay (20% down payment required)		
Applicant's Occupation	Mooring Information:		
Residence address (if different than mailing address) :	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		
	Pct Ownership	Name of Moorage	Slip Number
	%		
Additional Owners (not shown above)	Pct Ownership	Address (Street)	City, State, Zip
	%		

**ALL ADDITIONAL INTERESTS / ALL LOSS PAYEE(S) INFORMATION**

Name & complete address: <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured	Name & complete address: <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"/> Wood <input type="checkbox"/> Fiberglass <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"/> Y <input type="checkbox"/> N	Max Speed	Registration#	Hull Identification No.	
Purchase Price \$	Purchase Date (MM/DD/YY) 05/12/11	Current Market Value \$ 555,555	Fire Suppression System <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Automatic or <input checked="" 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 <input type="checkbox"/> Depth Finder <input type="checkbox"/> Radar <input type="checkbox"/> Other	Galley Fuel	Space Heating Fuel	Fire Extinguishers How Many? _____ Last Tagged _____
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**GENERATOR INFORMATION**

Engine Make & Model	Year Manufactured	Fuel
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**TENDER(S)**

YEAR	MAKE	LENGTH	VALUE	MAKE OF MOTOR	YEAR MFG'D	HP	VALUE
			\$				\$
			\$				\$
			\$				\$

# YACHT INSURANCE APPLICATION

## COVERAGES DESIRED

## GENERAL INFORMATION

COVERAGES	LIMIT	DEDUCTIBLE	PREMIUM (For Company Use Only)	Will yacht be used for other than private pleasure? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A. Property (Hull) Value</b>	\$	\$		If yes, explain:
Tender	\$	\$		
O/B Motor	\$	\$		Live aboard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Effects	\$	\$		Lay-up Warranty: (mm/dd/yy)
Towing	\$ 2,500	\$	INCL	From: _____ To: _____
<b>B. Liability</b>	\$	\$		Ashore location:
Pollution	\$	\$	INCL	Afloat location:
<b>C. Medical Payments</b>	\$5,000/ \$	\$	INCL	Limits of Navigation: <input type="checkbox"/> Puget Sound <input type="checkbox"/> Columbia River
<b>D. Uninsured Boater</b>	\$	\$		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
<b>TOTAL</b>	\$	\$		Phone #

## OPERATOR INFORMATION (Provide complete information for all operators including any captains and crew)

NAME	(1) DOB	(3) DATE BOAT SAFETY COURSE COMPLETED	(5) TOTAL YEARS EXPERIENCE	(7) DRIVER'S LICENSE NUMBER
	(2) RELATION TO APPLICANT	(4) MEMBER OF AUX/POWER SQUAD? <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) VIOLATIONS	(8) STATE LICENSE NUMBER
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, explain:				
Explain any periods when insurance was not in place:				

## 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
		\$		
		\$		

# YACHT INSURANCE APPLICATION

## PRIOR BOATS OWNED

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

## ADDITIONAL REMARKS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, and WV).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

***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.***

***Please note that the coverage you are applying for has payment requirements which must be met before coverage will take effect. If payment is not received, or the instrument on which payment was offered is not honored by the financial institution upon which it was drawn, coverage will be considered null and void from inception. This includes coverage provided under any oral or written binder, or other temporary insurance contract which may be issued in reliance upon payment of premium.***

***Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.***

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

***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 \_\_\_\_\_