



Yacht Quote/Application

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) (Not applicable in MO)			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		
Dinghy (If over 16' or 50 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) ☐ Restricted South Atlantic (NC,SC,GA) ☐ Southeast Inland lakes & rivers ☐ Puget Sound
☐ Full Atlantic (ME to FL) ☐ South Atlantic (NC to FL) ☐ Southern California ☐ San Francisco Bay & tributaries
☐ New England (ME to NJ) ☐ Great Lakes ☐ West Coast ☐ Lake Powell/Lake Mead
☐ North Atlantic (ME to NC) ☐ Gulf (FL to TX) ☐ California Coastal ☐ Western States - Inland
☐ Northeast Inland lakes & rivers ☐ Atlantic & Gulf (ME to TX) ☐ Northern California ☐ Oregon
☐ Chesapeake Bay ☐ Other: _____

Location List name & location of marina or residence		Summer Mooring (City, State, Zip)	Winter Mooring (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 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Medical Payments (\$5,000 incl. 26' - 29'11" - \$10,000 incl. 30' +) \$ _____	UB (Equal to P&I)	Commercial Towing (\$1,000 incl. 26' - 29'11" - \$1,500 incl. 30' +) <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Pers Prop (\$2,500 incl. 26' - 29'11" - \$5,000 incl. 30' and over) \$ _____
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Optional Coverages: ☐ Hurricane Haul Out ☐ 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:
Has any operator been convicted of a moving violation or had an accident during the last 3 years?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Give details below)
Operator/ Date	Loss description including amount/violation description	Operator Dr. Lic. #
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.) or major moving violation within the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate which operator and date in the remarks.		
City	State	Zip Code			

Additional Remarks -

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 cancelled 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 Licensed Agent: _____ **Date:** _____