

**Proposed Effective**  
**Date:** \_\_\_\_\_

# YACHT APPLICATION

**Northeastern Underwriters, Ltd**  
 P.O. Box 1310, Madison, CT 06443  
 Tel: (203)245-7169 - Facs: (203)245-0018

<b>OWNER INFO</b>					<b>TELEPHONES:</b>					
YACHT OWNER (INSURED):					HOME:					
STREET:					WORK:					
CITY:					MOBILE:					
STATE:					OCCUPATION:					
ZIP CODE:										
<b>BENEFICIAL OWNER NAME:</b>					<b>MORTGAGEE/LOSS PAYEE:</b>					
STREET ADDRESS:					STREET ADDRESS:					
CITY:					CITY:					
STATE:					STATE:					
ZIP CODE:					ZIP CODE:					
<b>RELATIONSHIP TO INSURED:</b>										
<b>OPERATORS:</b>		NAME		RELATIONSHIP		DOB	% OF USE	DRIVER'S LICENSE NO.		STATE

## HULL INFORMATION

YEAR BUILT		LENGTH		BUILDER & MODEL				HULL IDENTIFICATION NUMBER			
PURCHASE DATE		<input type="checkbox"/> NEW <input type="checkbox"/> USED		PURCHASE PRICE		YACHT NAME		STATE OR DOCUMENT NO.		SURVEY DATE:	
<b>VESSELTYPE</b>			<b>HULL MATERIAL</b>			<b>POWER</b>			<b>ENGINE</b>		
<input type="checkbox"/> CRUISER <input type="checkbox"/> SAILBOAT <input type="checkbox"/> RUNABOUT <input type="checkbox"/> SPORT FISH <input type="checkbox"/> CENTER CONSOLE <input type="checkbox"/> BASS BOAT			<input type="checkbox"/> PONTOON <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> TRAWLER <input type="checkbox"/> JETSKI <input type="checkbox"/> OTHER (Describe)			<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (Describe)			<input type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD		
<input type="checkbox"/> INBOARD <input type="checkbox"/> OUTBOARD <input type="checkbox"/> NONE			<input type="checkbox"/> STERN (1/0) <input type="checkbox"/> JET <input type="checkbox"/> OTHER			MANUFACTURER #1 _____ H.P. _____ YEAR _____ #2 _____			ENGINE ID NUMBER(S) #1 _____ #2 _____		
NUMBER OF ENGINES: <input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN			FUEL: <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL			MAX SPEED:			PAID CAPTAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO PAID CREW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES HOW MANY CREW (INCLUDING CAPT-IN)?		
<b>EQUIPMENT</b>				<input type="checkbox"/> SHIP TO SHORE R/T				<input type="checkbox"/> RADAR			
<input type="checkbox"/> LORAN				<input type="checkbox"/> AUTO CO2/HALON SYSTEM				<input type="checkbox"/> DEPTH FINDER			
YACHT TRAILER:				YEAR				MANUFACTURER			
<input type="checkbox"/> RFD				<input type="checkbox"/> GPS				<input type="checkbox"/> FIRE EXTINGUISHERS			

## USE

IS YACHT USED FOR PRIVATE PLEASURE USE ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
USE OF YACHT: WATER SKIING? <input type="checkbox"/> YES <input type="checkbox"/> NO	CHARTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN	USED FOR RACING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN
USED AS A RESIDENCE? IF YES EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		

## DINGHY

TENDER/DINGHY MANUFACTURER			MOTOR MANUFACTURER			TRAILER MANUFACTURER		
YEAR			LENGTH			MODEL		
YEAR			HP			YEAR		

## NAVIGATION / MOORING

NAVIGATION LIMITS		MOORING/DOCKAGE LOCATION:			
		IS YACHT KEPT ON A MOORING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		IS YACHT KEPT AT A DOCK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		IS YACHT TRAILERED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LAY UP AND OUT OF COMMISSION FROM TO		NUMBER OF MONTHS OF NAVIGATION		LAY UP LOCATION: NAME OF YARD, COUNTY, CITY, STATE & ZIP CODE	
				<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	

## OTHER INFO

IS YACHT TRANSPORTED BY LAND? EXPLAIN	
OTHER BOATS OWNED	OPERATOR EXPERIENCE
MOST RECENT YACHT INSURANCE COMPANY	EXPIRATION DATE

HAS INSURANCE EVER BEEN CANCELLED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN
CLAIMS, ACCIDENTS OR LOSSES TO YACHTS OR FROM LIABILITY IN THE PAST THREE YEARS? <input type="checkbox"/> NONE YEAR <input type="checkbox"/> DETAIL
HAVE YOU RECEIVED A CITATION FOR OPERATING A VEHICLE OR YACHT IN THE LAST THREE YEARS? (EXPLAIN)
HAVE YOU EVER RECEIVED A CITATION FOR OPERATING A VEHICLE OR YACHT UNDER THE INFLUENCE OF ALCOHOL OR OTHER CONTROLLED SUBSTANCES? (EXPLAIN)
BOATING EDUCATION AND TRAINING COURSES: <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> US COAST GUARD AUXILIARY <input type="checkbox"/> OTHER
ADDITIONAL COVERAGE DESIRED:
<b>PLEASE ADD ANY ADDITIONAL INFORMATION RELATED TO THE CONDITION OF YOUR YACHT OR YOUR OWN BACKGROUND WHICH MAY BE PERTINENT FOR INSURANCE RATING PURPOSES</b>

<b>AMOUNT OF INSURANCE DESIRED</b>	
<b>PROPERTY COVERAGES</b>	
YACHT AND EQUIPMENT	\$ _____
HULL DEDUCTIBLE AMOUNT <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> OTHER (MIN. \$300)	
YACHT TRAILER	\$ _____
PERSONAL EFFECTS (\$1000 INCLUDED WITH \$100 DEDUCTIBLE) DINGHY (COVERAGE INCLUDED WITH \$100 DEDUCTIBLE IF LESS THAN 16' & 35 H.P.)	\$ _____
DINGHY	DED. _____ \$ _____
DINGHY MOTOR	DED. _____ \$ _____
DINGHY TRAILER	DED. _____ \$ _____
<b>LIABILITY COVERAGE</b>	
<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> OTHER	
<b>MEDICAL PAYMENTS (\$10,000 INCLUDED)</b>	\$ _____
<b>UNINSURED/UNDERINSURED BOAT COVERAGE (\$10,000 INCLUDED) PREMIUM PAYMENT METHOD</b>	\$ _____
<input type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL DOWN PAYMENT \$	

**CONSUMER PROTECTION INFORMATION** - We may, as a part of our underwriting procedure for processing applications for insurance, or in updating or renewing it, order an investigative report whereby information as to your driving record, character, general reputation, personal characteristics, and mode of living, whichever is applicable, is obtained from persons other than you. If such a report is ordered, further information on the nature and scope of the investigation is available to you upon written request.

**FRAUD WARNING (Required by Law in Certain States):** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**DISCLOSURE OF MATERIAL FACTS** - Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the term should be, or what premiums to charge. Failure to do so may render the insurance voidable from inception and enable the company to repudiate liability.

**APPLICANT'S STATEMENT:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF APPLICANT