



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:

QUOTE NUMBER:

AGENT INFORMATION

	Agency ID Number:
	Agency Phone Number:
	Agency Fax Number:

APPLICANT INFORMATION

	Primary Phone Number:
	Second Phone Number:
	Applicant Social Security Number:

Applicant is the Titled Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Corporately Titled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residence Is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented
Applicant's current Employer & Occupation (If self-employed, advise type of business):		Prior Insurer
Years Employed: If less than 2yrs, list previous:		

YACHT INFORMATION

Hull Type	Propulsion	Length	Max. Speed	Hull Material	Fuel Type	
PROPERTY	Year	Manufacturer Name	Model Name	Hull ID/Serial Number (HIN)	Purchase Date	Purchase Price
YACHT						
ENGINE(S)	Serial #'s:			Total HP:		Total Value of Yacht, Engine & Equipment:
TRAILER	Year	Manufacturer	Model	Serial Number	Trailer Value:	
TENDER	Description:				Tender Value:	

Safety Equipment: Monitoring System Radar CO Detector Auto Fire Extinguisher EPIRB VHF
 High Water Alarm Outboard/Outdrive Locks GPS Depth Finder Weatherfax

YACHT NAVIGATION LIMITS & USAGE

Navigation Limits:

Usage:	If Charter, how many charters per year?	# of Paid Crew:
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YACHT STORAGE INFORMATION

MOORING LOCATION OF YACHT IN SEASON - Address, City, State, Zip - Marina Name (If applicable)	LAY-UP LOCATION:
Location Type:	Location Type:
OPERATING PERIOD: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal	LAY-UP DATES: FROM: TO:
How often will Yacht be trailered to Area of Use? Times/Per Year	LAY-UP TYPE:
	Type of Vehicle Used to Tow Yacht: Make/Model:

One Way Distance: Miles **BY SIGNING THIS APPLICATION, I WARRANT THAT THE VEHICLE HAS A TOW CAPACITY RATING THAT IS ADEQUATE TO PULL THE YACHT AND TRAILER.**

For Transit & Storage Only Policy (no navigation extended):

Storage Location:

Radius of transit from storage location:

OPERATOR INFORMATION

PRIMARY Operator Name		Date of Birth	Years Boating Experience	Yrs of Boat Ownership	Licensed Captain? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIOR BOATS YOU HAVE OPERATED	Year	Length	Manufacturer and Model Name		Dates Operated (from/to Month/yr)	Owned Y/N

Licenses Obtained or Boating Courses Completed:

Describe ALL prior Marine Losses. If none, state "None" List and describe all motor vehicle violations/accidents in the past three years for this operator.

LOSS PAYEE INFORMATION

ADDITIONAL INTEREST INFORMATION

Name and Address	Name and Address
	Explain interest:

ELIGIBILITY QUESTIONS

Have the yacht or engine(s) been modified or altered from their stock condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this yacht currently up for sale?	<input type="checkbox"/> YES <input type="checkbox"/> NO
During the past three years, have any operators had their driver's licenses suspended, revoked or refused?	<input type="checkbox"/> YES <input type="checkbox"/> NO
During the past three years, has any operator had any boat or automobile insurance canceled, been refused issuance or renewal, or received notice of such intent? If Yes, please explain below: (MO residents need not answer)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have the owner(s) or any operator(s) ever been convicted of a felony? If yes, explain below:	<input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS:

COVERAGES AND PREMIUMS

COVERAGES	LIMITS / VALUE	DEDUCTIBLE	PREMIUM
<div align="right"> <p>ENDORSEMENT PREMIUM:</p> <p>UNIT PREMIUM:</p> </div>			

NOTE: Premium on Total Losses may be fully earned.

TOTAL TAXES OR FEES:

MINIMUM WRITTEN PREMIUM: \$250.00

TOTAL PREMIUM:

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.

I have read this application and the entries on it. I understand that if my watercraft is used for any business or commercial purposes, is used in any official or pre-arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit of liability for hull coverage is the actual cash value (ACV) at the time of loss or the stated ACV above, whichever is less. 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) _____