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Pleasure Yacht Application

Effective Date:				
Applicant Information			Loss Payee Information	
Name:			Payee:	
Address:			Address:	
City:		State:	City: State:	
Zip:			Zip:	
Operator Name	License #	Date of Birth	Soc. Security #	Relation to owner
Personal Information				
Years boating? _____ Years as Owner _____ Prior Owned (size & type) _____				
Loss History: (Date, cause, amount) _____				
Education: _____ USCGA _____ Licensed Capt. _____ USPS _____ Other _____				
Is applicant living aboard? _____ Yes _____ No				
Present Marine Insurer: _____				
Has your insurance ever been cancelled/non renewed? _____ No _____ Yes, _____				
Vessel Information				
Builder/Manufacturer:		Model:	Hull Id/Serial# :	
Year:	Length:	Date of Purchase:	Purchase Price:	
Construction: _____ Fiber Glass _____ Wood _____ Aluminum _____ Steel _____ Other _____				
Type: _____ Runabout _____ Cruiser _____ Sailboat _____ Houseboat _____ Other _____				
Engine Information				
Engine Year:	Mfg:	Model:	Serial #(s):	
Fuel: _____ Gas _____ Diesel				
Type: _____ Outboard _____ Inboard _____ Twin _____ Single _____ I/O				
Total H.P.		Max Speed		
Generator Mfg. _____ Gas _____ Diesel				
Equipment Information				
Tender: Mfg:	Length:	Value:	O.B. Value	
Trailer: Mfg:	Value:		Serial #:	
Other Equipment: _____ VHF _____ GPS _____ Fume Dtr _____ Radar _____ Sat/Nav _____ Auto Pilot				
_____ Loran _____ Dept. Finder _____ Anti-theft Devices _____ Other Safety Equip. _____				
Built in CO2/Halon - _____ Manual _____ Automatic				
# of Fire Extinguishers: _____				
General Information				
Mooring/Docking: Summer: _____			Winter: _____	
Navigation Area: _____			Mooring _____ At Dock _____ Trailered	
Lay-up From: _____		To: _____	On Land _____ In Water	
Do you employ a paid Captain or Crew? _____ No _____ Yes, how many? _____				
Most recent survey? _____			Is vessel ever chartered or used commercially? _____	
Is yacht used for racing? _____ No _____ Yes, (details) _____				
Insurance Coverage Information				
Amount of insurance			Deductible	
Hull & Equipment			\$	\$
Do you want Hull coverage or just Extended Liability?				
Liability			\$	\$
Medical Payments			\$	\$
Personal Effects			\$	\$
Trailer/Tender			\$	\$
Fuel Spill			\$	\$
Towing			\$	\$
Uninsured Boater			\$	\$

** A survey, no older than 24 months, must accompany application for vessels over ten years old.

Name: _____ Date: _____