



YACHT & HIGH PERFORMANCE INSURANCE APPLICATION

GENERAL AGENT CODE: _____ PRODUCER CODE: _____		APPLICANT NAME:		CORPORATE TITLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRODUCER NAME & ADDRESS		MAILING ADDRESS :			
		QUOTE #:			
PRODUCER PHONE NUMBER: _____ FAX NUMBER: _____		CITY / STATE / ZIP:			
		COUNTY:	DAYTIME PHONE :	EVENING PHONE:	
NAME OF PREVIOUS INSURANCE CARRIER		APPLICANT'S SOCIAL SECURITY NUMBER		REQUESTED EFFECTIVE DATE	

ADDRESS WHERE BOAT IS STORED IN SEASON

This location is applicant's: Residence Place Of Business Commercial Storage Marina / Boatyard Other _____

Vessel is kept on/in a: Boat Trailer Open Slip Covered Slip Boat Lift Davits Dry Stack

Or on/in a: Open Parking Lot Driveway / Yard Locked Fenced Area Garage

ADDRESS WHERE BOAT IS LAID-UP OFF SEASON: _____

LAID UP BETWEEN ____ / ____ / ____ TO ____ / ____ / ____

This location is applicant's: Residence Place Of Business Commercial Storage Marina / Boatyard Other _____

Vessel is kept Ashore on a: Trailer Davits Dry Stack In a: Parking Lot Driveway / Yard Locked Fenced Area Garage/Building

Vessel is Not Ashore during layup - the vessel is in a: Covered Slip Open Slip Boat Lift

LOSS PAYEE	ADDITIONAL INTEREST
NAME AND ADDRESS	NAME AND ADDRESS
	Explain Interest: _____

NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION

<input type="checkbox"/> US Inland Rivers/ Waterways ONLY <input type="checkbox"/> Coastal Up To 25 Miles Offshore <input type="checkbox"/> Atlantic <input type="checkbox"/> Pacific <input type="checkbox"/> Gulf <input type="checkbox"/> Bahamas <input type="checkbox"/> Great Lakes & Tributaries <input type="checkbox"/> Lake Mead, Powell or Tahoe	<p align="center">Extended Navigation Limits NO BINDING AUTHORITY IS EXTENDED</p> <p>Submit for approval with detailed boating experience resume, MVR, and current survey. Offshore Navigation Limit desired:</p> <input type="checkbox"/> 25 - 50 miles offshore <input type="checkbox"/> 50 - 75 <input type="checkbox"/> 75-100
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OPERATOR INFORMATION (NAMED OPERATOR ENDORSEMENT MAY APPLY)

OP. NO	LIST ALL OPERATORS	SEX	MARITAL STATUS	BIRTH DATE	DRIVERS LICENSE NUMBER AND STATE	YEARS BOATING	% USE	OCCUPATION
1								
2								
3								
DATE OF EVENT	DETAILS OF CONVICTIONS, AUTO ACCIDENTS, SUSPENSIONS/REVOCATIONS, BOATING ACCIDENTS AND LOSSES					INJURY OR DEATH	PROPERTY DAMAGE AMOUNT	
						<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> YES <input type="checkbox"/> NO		

BOAT USAGE

<input type="checkbox"/> Pleasure <input type="checkbox"/> Commercial <input type="checkbox"/> Racing <input type="checkbox"/> Primary Residence	Is this vessel used commercially or leased to others under a bareboat charter contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, risk is not eligible for this program- refer to Commercial)	Is Boat Used For Waterskiing, Aquaplaning Or Other Sport? <input type="checkbox"/> Yes <input type="checkbox"/> No How Often Will Boat Be Trailered To Area Of Use? Times/Year _____ One Way Distance: Miles _____ Type of Vehicle Used to Tow Boat: _____
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PREVIOUS WATERCRAFT OWNED & OPERATED BY APPLICANT (I.E.. YEAR. MAKE. LENGTH. MAXIMUM SPEED)

GENERAL INFORMATION

APPLICANT'S CURRENT EMPLOYER (IF SELF EMPLOYED, ADVISE TYPE OF BUSINESS):	RESIDENCE IS : <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> APT <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER
YEARS EMPLOYED:	IF LESS THAN 2 YEARS, LIST PREVIOUS EMPLOYER:



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PROPERTY DESCRIPTION

REGISTRATION NUMBER	LENGTH	BEAM	DRAFT	WEIGHT	TOTAL HP	MAX. SPEED	FUEL	FUEL CAPACITY
							<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	
PROPERTY	YEAR	MANUFACTURER & MODEL NAME			HULL ID / SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
VESSEL								
ENGINE #1		HP:						
ENGINE #2		HP:						
ENGINE #3		HP:						
TENDER								
EQUIPMENT	ITEMIZE EQUIPMENT THAT IS GENERALLY REQUIRED TO BE ONBOARD FOR THE SAFE OPERATION, NAVIGATION OR MAINTENANCE OF THE WATERCRAFT. THESE ITEMS MUST BE INCLUDED IN THE TOTAL WATERCRAFT AND EQUIPMENT VALUE OR COVERAGE WILL NOT BE PROVIDED.							
TOTAL FROM SCHEDULE ON PAGE 4								

Total Value: Vessel, Engines, Tender & Equipment (\$25,000 MINIMUM VALUE)

TRAILER	YEAR	MANUFACTURER & MODEL	SERIAL NUMBER	CURRENT VALUE
PERSONAL EFFECTS	LIST ITEMS WHICH BELONG TO YOU SUCH AS WATERSKIS, FISHING GEAR, CAMERAS, SCUBA EQUIPMENT, PORTABLE RADIOS, AND WEARING APPAREL, ETC., FOR WHICH YOU DESIRE COVERAGE. MISCELLANEOUS ITEMS MAY BE COVERED UP TO A TOTAL AMOUNT OF \$500 IF SO REQUESTED. THIS COVERAGE IS NOT AUTOMATIC.			
TOTAL FROM SCHEDULE ON PAGE 4				

BOAT TYPE	BOAT POWER TYPE	HULL TYPE	HULL MATERIAL	SAFETY/ ANTI-THEFT EQUIPMENT	
<input type="checkbox"/> Aux-Sailboat <input type="checkbox"/> Express Cruiser <input type="checkbox"/> Houseboat <input type="checkbox"/> Motor Yacht <input type="checkbox"/> Performance Cruiser <input type="checkbox"/> Runabout/Sport Boat <input type="checkbox"/> Sport Fisherman <input type="checkbox"/> Trawler <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard / Outboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Sail (Indicate Rig) <input type="checkbox"/> Manual <input type="checkbox"/> Other: _____	<input type="checkbox"/> V - Hull <input type="checkbox"/> Deep V - Hull <input type="checkbox"/> Bi-Hull (Cat, Pontoon) <input type="checkbox"/> Tri - Hull <input type="checkbox"/> Tunnel Hull <input type="checkbox"/> Displacement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Advanced Composite <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Inflatable <input type="checkbox"/> Other: _____	<input type="checkbox"/> Marine Compass (1) <input type="checkbox"/> Depth Finder (1) <input type="checkbox"/> VHF Radio (1) <input type="checkbox"/> Loran, Sat Nav Or GPS (1) <input type="checkbox"/> Radar (1) <input type="checkbox"/> EPIRB (1) <input type="checkbox"/> Electronic Burglar Alarm (3)	<input type="checkbox"/> Outboard/Outdrive Locks (2) <input type="checkbox"/> Propeller Hub Locks (2) <input type="checkbox"/> Trailer Ball or Axle Locks (2) <input type="checkbox"/> Vapor Detection System(2) <input type="checkbox"/> Smoke Detectors (2) <input type="checkbox"/> Auto Fire Extinguisher In Engine Space (2)
HAVE THE VESSEL, ENGINE(S) OR OPERATING EQUIPMENT BEEN MODIFIED OR ALTERED FROM THEIR ORIGINAL STOCK CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO				ADDITIONAL SAFETY / SECURITY EQUIPMENT:	

HAVE ANY OPERATORS COMPLETED A BOATING SAFETY COURSE? (ATTACH COPY OF CERTIFICATES TO RECEIVE CREDIT)	NO. 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. 2	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. 3	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. 4	<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, BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT OR BEEN CONVICTED OF A MOVING VIOLATION?							<input type="checkbox"/> YES (Please Explain Below) <input type="checkbox"/> NO	
HAVE ANY OPERATORS BEEN INVOLVED IN A BOATING ACCIDENT OR BOATING LOSS DURING THE PAST FIVE YEARS? IF YES, PLEASE EXPLAIN BELOW.							<input type="checkbox"/> YES (Please Explain Below) <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? (MO. RESIDENTS NEED NOT ANSWER)							<input type="checkbox"/> YES (Please Explain Below) <input type="checkbox"/> NO	
IS A CAPTAIN, CREW OR MANAGEMENT SERVICE EMPLOYED TO OPERATE OR MAINTAIN THE VESSEL? (CREW LIABILITY COVERAGE IS AVAILABLE IN COMMERCIAL PROGRAM)							<input type="checkbox"/> YES (Please Explain Below) <input type="checkbox"/> NO	
IS THIS VESSEL CURRENTLY UP FOR SALE?							<input type="checkbox"/> YES (Please Explain Below) <input type="checkbox"/> NO	

DETAILS, EXPLANATIONS AND REMARKS

REMARKS:



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COVERAGE AND PREMIUMS

COVERAGE	LIMITS REQUESTED		PREMIUM
WATERCRAFT AND EQUIPMENT	\$ _____ (ACV applies if hull value is under \$35,000 and at Company Option)		
HULL DEDUCTIBLE	<input type="checkbox"/> 1% <input type="checkbox"/> 2%(Min. High Performance Ded.)	<input type="checkbox"/> 3% <input type="checkbox"/> 4%	<input type="checkbox"/> 5% <input type="checkbox"/> Other:
WATERCRAFT LIABILITY (Refer to Commercial Program for Paid Captain/Crew or for Crew Liability Coverage)	<input type="checkbox"/> 50/100/25 <input type="checkbox"/> 100/300/50 <input type="checkbox"/> 300,000 CSL	<input type="checkbox"/> 250/500/100 <input type="checkbox"/> 500,000 CSL <input type="checkbox"/> 1,000,000 CSL	
MEDICAL PAYMENTS	<input type="checkbox"/> None <input type="checkbox"/> 1000	<input type="checkbox"/> 2000 <input type="checkbox"/> 3000	<input type="checkbox"/> 4000 <input type="checkbox"/> 5000
UNINSURED BOATER	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000 Limit	
WATERSPORTS LIABILITY	<input type="checkbox"/> No <input type="checkbox"/> Yes	Equal to Watercraft Liability, Max. 300,000 CSL	
SLIP & MOORING LIABILITY	<input type="checkbox"/> No <input type="checkbox"/> Yes	Equal to Watercraft Liability, Max. 300,000 CSL	
PERSONAL EFFECTS	\$ _____ \$5000 Maximum. Itemization required for individual items over \$500.		
TRAILER PHYSICAL DAMAGE	\$ _____		
NOTE: POLICY MAY BE SUBJECT TO SHORT RATE CANCELLATION. PREMIUM ON TOTAL LOSSES MAY BE FULLY EARNED.			
MINIMUM WRITTEN PREMIUM = \$500		TAX OR STATE FEES:	
MINIMUM EARNED PREMIUM= \$250		TOTAL PREMIUM:	
		<i>(Do not deduct commission)</i>	
PREMIUM FINANCED? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREMIUM FINANCE CO. NAME/ADDRESS:		AMOUNT ENCLOSED:

PAYMENT OPTIONS

- Total Annual Premium
- 2 pay plan* - 50% down, 50% due in 90 days. Written premium must be greater than \$500
- 3 pay plan* - 40% down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than \$750
- 6 pay plan* - 25% down, 15% due in 60, 90, 150, 210 and 270 days. Written premium must be greater than \$1,500
- *\$5 fee per installment, except in D.C. (\$3) and West Virginia (\$2)

Payment Type: Check (Payable to Markel American Insurance Company, except in CT, NH, NJ and VT, checks payable to Markel Insurance Co.)
 VISA MASTER CARD DISCOVER **(no coverage is bound if card does not accept payment)**

Credit Card Number _____ Signature _____

Credit Card Expiration Date _____ Date _____

APPLICANT'S STATEMENT AND SIGNATURE

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 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 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 for hull coverage is the actual cash value (ACV) at the time of the 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 in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company, filed an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE: _____	DATE: _____	PRODUCER'S SIGNATURE: _____	DATE: _____
TITLE (REQUIRED IF BOAT IS CORPORATELY TITLED)		HOW LONG HAS THIS APPLICANT BEEN YOUR CLIENT?	

Underwriters Use Only:
 SY HP **Value:** BUC NADA ABOS BOS Survey Other _____ **Speed:** Mfg Formula Other _____

