

# Yacht Application

Northern Insurance Company of New York



Policy or Reference Number	
Effective Date / / (12:01 AM)	Coverage Bound? <input type="checkbox"/> Yes <input type="checkbox"/> No

Agent's Name	
Agency Code	Agent's Phone No.

## Primary Owner/Named Insured

Is vessel titled in a Corporate Name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is this for tax purposes only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Corporate Name (only eligible if for tax purposes)	
(If titled in Corporate Name, please supply contact person's information in the section below)			
First Name	Middle Name	Last Name	
Residence Address	City	State	Zip
Mailing Address (if different than Residence)	City	State	Zip
Home Phone	Work Phone	Cell Phone	License State Driver's License Number
Date of Birth	Social Security Number	Occupation	
Experience: # of yrs.:		Length and Type of Vessel(s):	
Boating/Safety Courses: <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Auxiliary <input type="checkbox"/> Captain's License <input type="checkbox"/> Power Squadron <input type="checkbox"/> Other (explain in Comments)			

## Mooring and Storage Location(s)

<b>Primary Mooring Location:</b> Type: <input type="checkbox"/> Owner's Residence <input type="checkbox"/> Other Public Storage Facility <input type="checkbox"/> Marina <input type="checkbox"/> Other (explain in Comments)			
Address	City	State	Zip
Marina/Berthing Location Name (if applicable)	Indicate Type of Security	County	
<b>Secondary Mooring Location:</b> Type: <input type="checkbox"/> Owner's Residence <input type="checkbox"/> Other Public Storage Facility <input type="checkbox"/> Marina <input type="checkbox"/> Other (explain in Comments)			
Address	City	State	Zip
Marina/Berthing Location Name (if applicable)	Indicate Type of Security	County	

## Yacht Description

Usage of Vessel: Private Pleasure  Yes  No Liveaboard:  Yes  No

<b>Hull Type:</b> <input type="checkbox"/> Power-Mono Hull <input type="checkbox"/> Power-Multi Hull <input type="checkbox"/> Sail-Mono Hull <input type="checkbox"/> Sail-Multi Hull			
<b>Power Type:</b> <input type="checkbox"/> Inboard/Outdrive <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Jet <input type="checkbox"/> Outboard/Jet Drive			
<b>Fuel Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Gas w/CO <sup>2</sup> <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> None			
Year	Manufacturer	Model	Length FT IN
HIN	DOC/REG Number	Vessel Name	Max Speed Weight Purchase Price Date of Recent Survey
<b>Hull Material:</b> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass over wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Other (explain in Comments)			
<b>Any existing or prior damage to vessel?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain in Comments) <b>Is vessel used to race?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give percentage raced) %			
<b>Safety Equipment:</b> <input type="checkbox"/> Central Station Monitoring System <input type="checkbox"/> Alarm System <input type="checkbox"/> Other (explain in Comments)			

## Lay-up Information (if applicable)

<b>Lay-up Period</b>	<b>Lay-up Dates:</b> From: ___/___/___ To: ___/___/___ mm/dd mm/dd	<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat
Lay-up Address	City	State Zip

**Navigation Limits**

Navigation Code: \_\_\_\_\_ Amended?

What navigation is requested:

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**Engines and Motor(s) Detail** (Be sure to include Auxiliary Motors)

Motor Year	Manufacturer	Serial Number	Horsepower (per engine)	Value	Trolling Motor?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**Scheduled Tender(s)**

Year	Length	Manufacturer	HIN	Motor Year	Motor Mfg.	Motor Serial Number	HP	Total Value(Including Motor)

**Trailer**

Year	Manufacturer	VIN	Value

**Coverages and Limits**

<b>Policy Deductible Options:</b> <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6% <input type="checkbox"/> 7% <input type="checkbox"/> 8% <input type="checkbox"/> 9% <input type="checkbox"/> 10%					<b>Deductible Amount:</b>				
<b>Hull Limits</b> (Include motors)	Hull Limit	Personal Effects Limit	Trailer Limit (\$100 Deductible)	Towing and Assistance Limit					
<b>Protection and Indemnity Limits</b>	Protection and Indemnity Limit: <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 5,000,000								
	Uninsured Watercraft Limit: Uninsured Watercraft included at same limit as Protection and Indemnity up to 1 million max			Medical Payments Limit:					
<b>Optional Endorsements</b>	Please enter any other endorsements to be attached to the policy below:								
<b>Quartermaster Only</b>	<b>Personal Liability Limit:</b> Personal Liability is at the same limit as Protection and Indemnity up to 1 million max.								
	<b>Scheduled Personal Property (SPP) Recent receipts or appraisal required</b>								
	Jewelry/Guns/Collectibles	Furs	Arts/Antiques	Other SPP	Blanket Personal Property				
	Personal Property Stored Ashore: If any personal property is stored ashore, please provide address below. If full coverage desired at public storage only, please provide total property value at facility:								
	Address	City	State	Zip					

**Additional Owners/Operators Information** (For owners, only list owners that are listed on the title)

Name	Date of Birth	Driver's License Number	Lic. State	Social Security Number	Own/Op	Boating/Safety Courses
2.					<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> CG <input type="checkbox"/> CGA <input type="checkbox"/> CL <input type="checkbox"/> PS <input type="checkbox"/> Other
		Experience: # of yrs.:		Length and Vessel Type(s):		
3.					<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> CG <input type="checkbox"/> CGA <input type="checkbox"/> CL <input type="checkbox"/> PS <input type="checkbox"/> Other
		Experience: # of yrs.:		Length and Vessel Type(s):		
4.					<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> CG <input type="checkbox"/> CGA <input type="checkbox"/> CL <input type="checkbox"/> PS <input type="checkbox"/> Other
		Experience: # of yrs.:		Length and Vessel Type(s):		
Boating/Safety Courses: CG - Coast Guard , CGA - Coast Guard Auxiliary; CL - Captain's License; PS - Power Squadron; Other (If Other, please explain in Comments.)						

**Accidents and Losses** (Accidents are defined as events in which the driver's actions or omissions were at least 51% of the proximate cause of the accident)

Type	Operator	Date	Description	Amount Paid
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				

**Additional Interests**

Type	Name	Address	City	State	Zip	Loan #

Interest Types: Lienholder (LH); Additional Insured/Marina (AM); Additional Insured (AI); Finance Company (FC); Fleet Management Company (FM)

**Insurance History**

Has any insurance of any owner or operator been cancelled, declined, non-renewed or coverage refused? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain in Comments section)			
Your most recent boat insurance:	Name of Insurance Co.	Policy Expiration Date:	Last Premium (if known):

**Comments:**

**IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.**

1. I agree that the company may investigate and secure motor vehicle records for persons listed on this application.
2. I declare the statements contained on this application are true to the best of my knowledge and belief. The selections indicated on this application accurately reflect the limits, coverages and deductible I desire.
3. In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

Applicant Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

My (the producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis that the information is anything but truthful.

Producer Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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