

Departure Yacht Insurance Application
 (Private Pleasure Use Only. Vessels over 26 feet)

INAMAR®

Recreational Marine Insurance

One of the ACE Group of Companies

INSURED INFORMATION

Quote ID:

POLICY TO BE ISSUED IN THE NAME OF			NAME OF ADDITIONAL OWNER / BENEFICIAL OWNER (IF DIFFERENT)		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN	OWNER'S E-MAIL ADDRESS	PRIMARY OWNER / BENEFICIAL OWNER'S OCCUPATION			
SIZE AND TYPE OF VESSEL(S) OWNED & OPERATED		PREVIOUS / CURRENT INSURANCE COMPANY NAME			
HAVE YOU OR THIS VESSEL SUSTAINED ANY INSURANCE LOSSES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF LOSSES, GIVE COMPANY NAME(S), DATE(S) OF LOSS(ES), CAUSE AND AMOUNT PAID			
HAS INSURANCE EVER BEEN CANCELLED OR DECLINED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF CANCELLED OR DECLINED, GIVE COMPANY NAME(S), DATE(S) AND REASON(S)			
REGULAR OPERATOR NAME(S)	DATE OF BIRTH	YRS EXP.	IS THERE A PAID CAPTAIN? Coverage Not Available		
		TOTAL # OF PAID CREW (INCL. CAPTAIN) Coverage Not Available		U.S. COAST GUARD LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)	

VESSEL & EQUIPMENT INFORMATION

YEAR BUILT	LENGTH (FEET)	BUILDER/MANUFACTURER	MODEL NAME / TYPE	VESSEL'S NAME
HULL ID / DOCUMENTATION NUMBER		PURCHASE PRICE	PURCHASE DATE	LAST MARINE SURVEY DATE
HULL MATERIAL <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Steel / Aluminum <input type="checkbox"/> Other			MAST MATERIAL (IF SAILBOAT)	MAST MANUFACTURER (IF SAILBOAT)
ENGINE MANUFACTURER	# OF ENGINES	TOTAL H.P.	FUEL TYPE Diesel	MAXIMUM SPEED
EQUIPMENT (check all that apply) <input type="checkbox"/> Auto Fire Extinguishing System <input type="checkbox"/> Fume Detector <input type="checkbox"/> Carbon Monoxide Detector <input type="checkbox"/> Alarm System - Type: _____ <input type="checkbox"/> Propane Fueled Appliances/Equipment - Describe: _____			TENDER/DINGHY Year: _____ Manufacturer: _____ Value: _____ Length: _____ (ft) Serial #: _____ TENDER MOTOR Year: _____ Manufacturer: _____ Motor Type: _____ HP: _____ Serial #: _____ Motor Value: _____ (outboards only)	

OPERATION OF VESSEL

WATERS TO BE NAVIGATED		BERTH/MOORING LOCATION OF VESSEL (JUNE - NOVEMBER) Marina Name: _____ Mooring City / State: _____ Mooring Zip Code: _____	
LAY UP PERIOD From: _____ To: _____	DURING LAY UP PERIOD, VESSEL IS DECOMMISSIONED <input type="checkbox"/> Afloat <input type="checkbox"/> Ashore <input type="checkbox"/> Not Applicable		BUBBLER SYSTEM IF LAID UP AFLOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
VESSEL IS: (check all that apply) <input type="checkbox"/> Raced in other than club races <input type="checkbox"/> Lived aboard on a permanent / semi-permanent basis <input type="checkbox"/> Transported Overland - <u>Maximum 250 miles from home address</u> *Note: There is no coverage for charter or commercial use of vessel under this policy form.			

Departure Yacht Insurance Application
(CONTINUED)

NAMED INSURED .	Quote ID:
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INSURANCE COVERAGE REQUESTED

Coverage	Limit	Deductible
Property Damage	\$	\$
Liability Coverage (incl. Pollution)	\$	
Medical Payments	\$	
Uninsured Boater	\$	
L&HCA	Statutory Limits	
Trailer	\$	\$
Personal Property	\$	\$
Towing & Assistance	\$	
Tender/Dinghy	\$	\$
Electronic Equipment	\$	\$
Owner's Liability to Paid Crew	Not Covered	Total Annual Premium:

SPECIAL CONDITIONS / OTHER COVERAGES

LOSS PAYEE / ADDITIONAL INSURED INFORMATION (Name, Address & Zip Code)

<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured
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ACKNOWLEDGEMENTS

Important Notice Regarding The Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Notice to Rhode Island Insurance Applicants: Rhode Island law now requires that you disclose prior arson convictions. Failure to do so is a criminal offense. The law also permits insurers to deny coverage in cases where an insured has an arson conviction within the past 10 years. Please answer the following question:

Have you ever been convicted of arson? Yes No If yes, please provide date of conviction _____.

Applicant's Statement: I certify that to the best of my knowledge all statements on this application are true. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the company will provide further information regarding my statutory rights upon request.

AGENCY NAME (Please Print)	PRODUCER CODE
SIGNATURE OF APPLICANT	DATE