



Private Yacht Policy Application

Owner's Information

Name _____ Phone: () _____
 Address: _____ Phone: () _____
 City, State, Zip: _____ Fax: () _____
 Loss Payee: _____ Attn.: _____
 Address: _____ Loan # _____
 City, State, Zip: _____ Phone: () _____

Operator's Information

Name	Age	Driver's License No and State
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Captain's/Pilot's Name	Age	Driver's License No and State
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_____	_____	_____
_____	_____	_____

Number of crew (ex. captain): _____ Full time: _____ Part time: _____

Detailed loss record past five years for owners, operators and paid captains and pilots:

Current insurance carrier: _____



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Insurance Limits

Watercraft & Equipment: US\$ _____ Deductible: US\$ _____

Trailer: US\$ _____ Deductible: US\$ _____

Watercraft Liability: US\$ _____ Deductible: US\$ _____

Medical Payments: US\$ _____ Deductible: US\$ _____

Tender: US\$ _____ Deductible: US\$ _____

Boat Description

Hull Manufacturer _____ Model _____ Year _____

Length _____ Beam _____ Draft _____ Construction _____

Identification No. _____ Country of Registry _____

Boat Name _____ Official Name _____

Purchase date _____ Amount Paid _____ Improvements _____

No. of engines _____ Manufacturer _____ Model _____ Year _____

Fuel _____ Total horsepower _____ Serial No. _____

Tender

Hull Manufacturer _____ Year _____ Length _____

Serial No. _____ No. of engines _____

Model _____ Year _____ Fuel _____ Total horsepower _____

Underwriting Information

Principal location of boat _____

No. of staterooms _____ No. of guest berths _____ No. of crew berths _____

Built in fire fighting system: Yes _____ No _____ Type _____

Date serviced _____

Private/Pleasure _____ Private/Pleasure w/permission to charter _____

Charter _____ Type of charter contract: Demise _____ Time _____ Excursion _____



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Voyage _____ Navigational Waters or Territories _____

Certified no. of passengers _____ Average no. of passengers _____

Describe anticipated voyages/deliveries. Include dates, ports of departure and arrival:

Schedule of Equipment

Item	Manufacturer	Model/Serial No.	Value
_____	_____	_____	US\$ _____
_____	_____	_____	US\$ _____
_____	_____	_____	US\$ _____

Schedule of Personal Equipment

_____	_____	_____	US\$ _____
_____	_____	_____	US\$ _____
_____	_____	_____	US\$ _____

Please Read Carefully

I represent that the information contained within this application is true and complete in every respect. I have not suppressed, misstated or withheld any information, which might influence the decision of underwriters in regard to this application. I acknowledge that all statements herein shall form the basis of the contract of insurance, if a policy is issued. I understand this document is an application only and is not a policy of insurance, cover note, a binder or any other form of insurance coverage. This application, however, becomes part of the policy (certificate) if coverage is placed in force. I further realize that coverage will only attach on written confirmation from Guardian Insurance Company, Inc., and that any misstatement of fact or misrepresentation on my part will cause the coverage to become null and void from inception.

Applicant's Signature

Date

Producer's Signature