

BRUCE GENDELMAN

INSURANCE SERVICES

YACHT/CHARTER BOAT APPLICATION

INSUREDS NAME	INSUREDS D.O.B.	PRODUCER NAME & ADDRESS
BENEFICIAL OWNER (REQUIRED IF POLICY IS IN A COMPANY NAME)		LOSS PAYEE - NAME & ADDRESS:
FULL MAILING ADDRESS:		
OCCUPATION:		
VESSEL NAME:		
EFFECTIVE DATE FROM TO		
IF LAID UP: LOCATION :		
FROM:	TO:	ASHORE AFLOAT

COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREON

COVERAGES	SUM INSURED	EQUIPMENT			PRIMARY POWER (IF OTHER DETAIL):	SAIL
HULL - PHYSICAL DAMAGE		BILGE PUMPS		GENERATOR DIESEL/GAS		OUTBOARD
TENDER/DINGHY		COOKING STOVE		SHIP TO SHORE RADIO		INBOARD
PERSONAL PROPERTY		FLAME DETECTOR		SATNAV/ OMEGA		INBOARD/ OUTDRIVE
TRAILER		CO2/HALON SYSTEM		LIFE RAFT		OTHER
MEDICAL PAYMENTS		FIRE EXTINGUISHERS		OTHER (LIST BELOW)	TYPE OF VESSEL (IF OTHER DETAIL):	SAILBOAT
LIABILITY COVERAGE		ANTI-THEFT DEVICES				MOTOR YACHT
CREW LIABILITY		LORAN/ DIRECTION FINDER				SPORTSFISHER
OWNER OPERATOR M&C		DEPTH SOUNDER			HULL MATERIAL (IF OTHER DETAIL):	CRUISER
COMMERCIAL PASSENGER LIABILITY		RADAR				PERFORMANCE
UNINSURED BOATERS		SONAR				HOUSEBOAT
BREACH OF WARRANTY (FOR LOSS PAYEE ONLY)		EPIRB				FIBREGLASS
NON-EMERGENCY TOWING		GPS			TYPE OF HULL (IF OTHER DETAIL)	STEEL
OTHER		ENGINE ALARM				CATAMARAN
					FUEL TANK	METAL
						FIBREGLASS

VESEL INFORMATION						
YEAR	LENGTH	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	MAX SPEED	HULL IDENTIFICATION NO:
REGISTRATION NO:		VESSEL FLAG:		MANUFACTURER/MODEL:		
ANTI-THEFT PRECAUTIONS:				MAIN MOORING/STORAGE LOCATION (FULL ADDRESS):		

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TENDERS OR DINGHIES:							
WATERS TO BE NAVIGATED (YOU MAY ATTACH AN ITINERARY- PLEASE NOTE EXTENDED NAVIGATION REQUIRES SUPPLEMENTARY SHEET):							
VESSEL LOCATION JULY 1 ST - NOV 1 ST (INCLUDING CO-ORDINATES IF KNOWN)							
ENGINE/OUTBOARD MOTOR INFORMATION							
ENG	H.P.	GASOLINE	DIESEL	YEAR	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
1							
2							
3							
	MANUFACTURER/MODEL					SERIAL NUMBER	
1							
2							
3							
DATE VESSEL LAST SURVEYED			ASHORE/AFLOAT		HAS SURVEY BEEN SUPPLIED TO UNDERWRITER: Y/N		
TRAILER INFORMATION		YEAR	DATE PURCHASED		PURCHASE PRICE		PRESENT VALUE
MANUFACTURER/MODEL:						SERIAL NUMBER:	
OPERATORS (ALWAYS LIST INSURED AS OPERATOR #1) ALL OPERATORS MUST BE DETAILED - USE SEPARATE SHEET IF NECESSARY PLEASE NOTE THIS OPERATORS INFORMATION CONSISTS OF THREE PARTS (A, B & C)							
A	NAME			D.O.B.	STATE OF RESIDENCE		VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS
1							
2							
3							
B	BOATING QUALIFICATIONS				YEARS OF BOAT OWNERSHIP		YEARS OF BOATING EXPERIENCE
1							
2							
3							
C	DETAILS OF PREVIOUS VESSELS OWNED						
1							
2							
3							
GENERAL INFORMATION - IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW PLEASE GIVE FULL DETAILS ON NEXT PAGE							
#		YES	NO	#		YES	NO
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	WILL THE VESSEL BE OPERATED SINGLE HANDED AT NIGHT?		
3	WILL THE VESSEL BE USED FOR RACING DURING THE POLICY PERIOD?			8	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
4	IS THE BOAT USED FOR WATER SKIING OR DIVING WHETHER OR NOT VEESEL IS OPERATED COMMERCIALY			9	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	IS THE BOAT USED FOR FARE PAYING PASSENGERS? IF YES:			10	DOES THE APPLICANT EMPLOY PAID CREW?		
	WHAT IS THE NUMBER OF PASSENGERS PER TRIP (MAXIMUM & AVERAGE)	MAX	AVG		IF SO, HOW MANY?		
	NUMBER OF TRIPS PER YEAR			11	DOES ANYONE RESIDE ABOARD THE VESSEL?		

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GUIDANCE NOTES:

1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?	Please complete supplementary sheet CAPTAIN CHARTER
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?	Please complete supplementary sheet BAREBOAT CHARTER
3	WILL THE VESSEL BE USED FOR RACING DURING THE POLICY PERIOD?	Please complete supplementary sheet RACING
6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?	Please detail usage in Information Box below
10	DOES THE APPLICANT EMPLOY PAID CREW?	Please complete supplementary sheet CREW

INFORMATION (IF THIS SPACE IS NOT SUFFICIENT PLEASE NOTE BELOW AND USE A SEPARATE SHEET):

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. **Any misrepresentation in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.**
3. A photograph of the vessel is required to be submitted with this application.
4. **Fraud Statement - please see page 4 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.**

APPLICANT SIGNATURE: 	PRINT NAME & STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED INSURED/BENEFICIAL OWNER 	SIGNATURE DATE:
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