intact INSURANCE ocean marine

IMUYT002 (10/09)

YACHT APPLICATION

	EFFECTIVE DATE DESIRED:
AGENT/BROKER NAME:	AGENT/BROKER CODE:
AGENT/BROKER ADDRESS:	TELEPHONE NUMBER:

OWNER NAME AND ADDRESS

OWNERSHIP TYPE: ☐ PRIVATELY OWNED ☐ CORPORATE OWNED	
YACHT OWNER (INSURED or CORPORATE) NAME:	TELEPHONE #1:
STREET ADDRESS:	TELEPHONE #2:
CITY: STATE: ZIP CODE:	EMAIL ADDRESS:

LOSS PAYEE (if applicable)	**ADDITIONAL INSURED (if applicable)**
LOSS PAYEE NAME:	ADDITIONAL INSURED:
ATTN:	
STREET ADDRESS:	STREET ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:

MOORING ELIGIBILTY DETAILS

MOORING LOCATION BETWEEN JUNE 1 AND NOVEMBER 1: ☐ PRIMARY RESIDENCE ☐ MARINA ☐ OTHER LOCATION
NAME OF MARINA OR OTHER LOCATION:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

YACHT ELIGIBILTY DETAILS

HULL MATERIAL: ☐ ALUMINUM ☐ CEMENT ☐ FIBERGLASS ☐ KEVLAR ☐ RUBBER ☐ STEEL ☐ WOOD	
YACHT MANUFACTURER:	YACHT LENGTH:
YACHT VALUE INCLUDING MOTOR(S) AND UNSCHEDULED TENDER NOT EXCEEDING 16FT IN LENGTH AND 35HP: $	YACHT MODEL YEAR:
INTENDED USE: ☐ PRIVATE PLEASURE ☐ CHARTER ☐ FISHING GUIDE ☐ COMMERCIAL ☐ LIVE ABOARD IF CHARTER, # OF TRIPS PER YEAR: IF FISHING GUIDE, # OF GUIDE TRIPS PER YEAR:	
DO YOU HAVE PAID CAPTAIN OR CREW? ☐ YES ☐ NO	TOTAL NUMBER OF CREW INCLUDING CAPTAIN:

OWNER OPERATOR INFORMATION (If more then two owners/operators please provide information on separate piece of paper)

OWNER/OPERATOR #1 NAME:		☐ OWNER AND OPERATOR ☐ OPERATOR ONLY
DATE OF BIRTH:		DRIVER'S LICENSE NUMBER:
LENGTH OF LARGEST YACHT OWNED (FT): NUMBER OF YEARS AS OWNER OF LARGEST YACHT:	LENGTH OF LARGEST YACHT OPERATED (FT): NUMBER OF YEARS OPERATING LARGEST YACHT:	HAVE YOU EVER HAD INSURANCE CANCELLED OR REFUSED? ☐ YES ☐ NO IF YES EXPLAIN:

DESCRIPTION OF YACHT LOSSES IN THE LAST 3 YEARS: ☐ NONE (If more then two losses please provide information on separate piece of paper)

#1 LOSS DATE:	#1 CLAIM: ☐ OPEN ☐ CLOSED	#1 LOSS AMOUNT:
#1 DESCRIPTION:		

#2 LOSS DATE:	#2 CLAIM: ☐ OPEN ☐ CLOSED	#2 LOSS AMOUNT:
#2 DESCRIPTION:		

DESCRIPTION OF MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS: ☐ NONE (If more then two MTV's please provide information on separate piece of paper)

#1 MOVING TRAFFIC VIOLATION DATE:	#1 MOVING TRAFFIC VIOLATION TYPE: ☐ SPEEDING ☐ RECKLESS DRIVING ☐ ALCOHOL OR DRUG RELATED ☐ OTHER
#2 MOVING TRAFFIC VIOLATION DATE:	#2 MOVING TRAFFIC VIOLATION TYPE: ☐ SPEEDING ☐ RECKLESS DRIVING ☐ ALCOHOL OR DRUG RELATED ☐ OTHER

DESCRIPTION OF DWI / DUI / OUI IN THE LAST 3 YEARS: ☐ NONE (If more then one DWI / DUI / OUI please provide information on separate piece of paper)

DWI / DUI / OUI CONVICTION DATE(S):

OWNER/OPERATOR #2 NAME:		☐ OWNER AND OPERATOR ☐ OPERATOR ONLY
DATE OF BIRTH:		DRIVER'S LICENSE NUMBER:
LENGTH OF LARGEST YACHT OWNED (FT): NUMBER OF YEARS AS OWNER OF LARGEST YACHT:	LENGTH OF LARGEST YACHT OPERATED (FT): NUMBER OF YEARS OPERATING LARGEST YACHT:	HAVE YOU EVER HAD INSURANCE CANCELLED OR REFUSED? ☐ YES ☐ NO IF YES EXPLAIN:

DESCRIPTION OF YACHT LOSSES IN THE LAST 3 YEARS: ☐ NONE (If more then two losses please provide information on separate piece of paper)

#1 LOSS DATE:	#1 CLAIM: ☐ OPEN ☐ CLOSED	#1 LOSS AMOUNT:
#1 DESCRIPTION:		
#2 LOSS DATE:	#2 CLAIM: ☐ OPEN ☐ CLOSED	#2 LOSS AMOUNT:
#2 DESCRIPTION:		

DESCRIPTION OF MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS: ☐ NONE (If more then two MTV's please provide information on separate piece of paper)

#1 MOVING TRAFFIC VIOLATION DATE:	#1 MOVING TRAFFIC VIOLATION TYPE: ☐ SPEEDING ☐ RECKLESS DRIVING ☐ ALCOHOL OR DRUG RELATED ☐ OTHER
#2 MOVING TRAFFIC VIOLATION DATE:	#2 MOVING TRAFFIC VIOLATION TYPE: ☐ SPEEDING ☐ RECKLESS DRIVING ☐ ALCOHOL OR DRUG RELATED ☐ OTHER

DESCRIPTION OF DWI / DUI / OUI IN THE LAST 3 YEARS: ☐ NONE (If more then one DWI / DUI / OUI please provide information on separate piece of paper)

DWI / DUI / OUI CONVICTION DATE(S):

ADDITIONAL YACHT INFORMATION

YACHT MODEL:	YACHT TYPE: ☐ BASS BOAT ☐ CRUISER ☐ HOUSE BOAT ☐ PONTOON ☐ RUNABOUT ☐ SAILBOAT ☐ TRAWLER ☐ OTHER		
YACHT HULL IDENTIFICATION NUMBER:	YACHT NAME:	YACHT PURCHASE DATE:	YACHT PURCHASE PRICE:

ENGINE INFORMATION

ENGINE #1 MANUFACTURER:	ENGINE #1 MODEL YEAR:	ENGINE #1 SERIAL NUMBER:	ENGINE #1 HORSE POWER:
ENGINE #2 MANUFACTURER:	ENGINE #2 MODEL YEAR:	ENGINE #2 SERIAL NUMBER:	ENGINE #2 HORSE POWER

ENGINE #3 MANUFACTURER:	ENGINE #3 MODEL YEAR:	ENGINE #3 SERIAL NUMBER:	ENGINE #3 HORSE POWER

ENGINE DRIVE TYPE:	FUEL TYPE:	MAXIMUM SPEED:
☐ INBOARD ☐ I / O ☐ OUTBOARD ☐ JET	☐ GAS ☐ DIESEL ☐ ELECTRIC	

TRAILER INFORMATION

IS THERE A TRAILER TO INSURE?: ☐ YES ☐ NO	TRAILER VALUE:

TENDER INFORMATION

DO YOU WANT TO SCHEDULE A TENDER EXCEEDING 16FT IN LENGTH AND 35HP? ☐ YES ☐ NO		TENDER AND ENGINE VALUE:	
TENDER MANUFACTURER:	TENDER MODEL YEAR:	TENDER LENGTH:	TENDER HULL ID NUMBER:
TENDER ENGINE MANUFACTURER:	TENDER ENGINE MODEL YEAR:	TENDER ENGINE HORSE POWER:	

NAVIGATION AND LAYUP INFORMATION

NAVIGATION LIMITS:	LAYUP FROM: LAYUP TO:

PREMIUM PAYMENT METHOD

☐ AGENCY BILL	☐ DIRECT BILL ☐ FULL PAYMENT ☐ 2 PAY ☐ 4 PAY

PRINCIPLE COVERAGE LIMITS

YACHT & ENGINE VALUE **$**_____ **DEDUCTIBLE OPTIONS 1% - 10%** _____

LIABILITY **$**_____

TRAILER VALUE **$**_____

TENDER & TENDER ENGINE VALUE **$**_____

CONSUMER PROTECTION INFORMATION – We may, as part of our underwriting procedure for processing applications for insurance, or in updating or renewing it, order an investigative report whereby information as to your driving record, character, general reputation, personal characteristics, and mode of living, whichever is applicable, is obtained from persons other than you. If such a report is ordered, further information on the nature and scope of the investigation is available to you upon written request.

Fraud Statement

GENERAL STATEMENT
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA; in LA, ME, and TN, insurance benefits may also be denied.)

APPLICABLE IN COLORADO
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. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of third degree

APPLICABLE IN HAWAII
For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose o misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND
Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON, AND VERMONT
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA
Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

DISCLOSURE OF MATERIAL FACTS – Every proposer or insured when seeking new insurance or renewing an exiting policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the term should be, or what premiums to charge. Failure to do so may render the insurance void from inception and enable the company to repudiate liability.

APPLICANT'S STATEMENT – I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

_____ DATE

_____ SIGNATURE OF APPLICANT