



**Private Yacht Policy Application**

**Owner's Information**

Name \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Loss Payee: \_\_\_\_\_ Attn.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Loan # \_\_\_\_\_

**Operator's Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Driver's License No and State \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience and details of licenses held & or boating courses taken:

\_\_\_\_\_  
\_\_\_\_\_

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 and expiration date: \_\_\_\_\_

Date vessel last surveyed: \_\_\_\_\_



## Private Yacht Policy Application

### 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 and Number \_\_\_\_\_

Boat Name \_\_\_\_\_ Official Name \_\_\_\_\_

Purchase date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Improvements \_\_\_\_\_

No. of engines \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Fuel \_\_\_\_\_ Total horsepower \_\_\_\_\_ Serial No. \_\_\_\_\_

Max speed \_\_\_\_\_

### 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 Yacht Policy Application

Private/Pleasure \_\_\_\_\_ Private/Pleasure w/permission to charter \_\_\_\_\_

Charter \_\_\_\_\_ Type of charter contract: Demise \_\_\_\_\_ Time \_\_\_\_\_ Excursion \_\_\_\_\_

Voyage \_\_\_\_\_ Navigational Waters or Territories \_\_\_\_\_

Certified no. of passengers \_\_\_\_\_ Average no. of passengers \_\_\_\_\_

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

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### 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.



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"Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Agency Name

GUARDIAN  
INSURANCE COMPANY