

Name of Owner:		Date:	Date of Birth:	
Name under which policy will be written (if different):			Occupation:	
Street Address:			Telephone Number:	
City, State, Zip:		County:	Home:	
Driver's License Number		Driver's License State	Social Security Number	Work:
				Cell:
				Email Address:

YACHT DESCRIPTION

Year Built:	Length:	Manufacturer / Builder:		Model:	Hull Identification Number:
Name of Yacht:		Country of Registration/Documentation Number:		Date Purchased:	Purchase Price:
Type: Power Sail	Multi -hull Houseboat	Construction: Fiberglass Wood Kevlar/Carbon Fiber Aluminum Steel Other			Use: Private Pleasure Captain Charter Bare Boat Charter Racing
Engine Manufacturer / Model:		Year Built:	Serial Number(s):		
Fuel Type: Diesel Gas	Power Type: Inboard Outboard Inboard / Outboard	Engine(s): Twin Single Triple	Horsepower (each): Max Speed (MPH):	Fuel Tanks: Metal Fiberglass	Auxiliary Generator: Diesel Gas
Navigation / Safety Equipment: Auto Fire Ext. Fume Detector Radar RDF Depth Finder Auto Pilot Number of Hand Held Fire Extinguishers _____ Engine Alarm VHF Radio Sat Nav GPS Theft Alarm Compass Other _____					
Current Survey: Yes No		Date of Survey:	Afloat Drydock	Name of Surveyor:	

TRAINING/EXPERIENCE

Years Boating Experience	Boating Courses: None U.S. Power Squadron U.S. Coast Guard Auxiliary Other experience or training:
Owned Boats Since:	

Boats Previously Owned

Dates owned	Manufacturer	Type	Size	Waters Navigated

Loss History

Details of any previous losses	Date	Cause	Amount

Other Operators: (List)	Age:	Experience:	Driver's License Number:

YACHT TENDER (may be insured separately for an additional premium)

Year:	Length:	Manufacturer:	Model:	Hull ID Number:
Engine Year:	Engine Manufacturer:		Engine H.P.:	Engine Serial Number:

YACHT TRAILER (may be insured separately for an additional premium)

Year:	Manufacturer & Model:	Serial Number:	No of Axles:	Capacity:	Stored on Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No
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INSURANCE COVERAGE'S REQUESTED			
Coverage	Amount of Insurance	Deductible	
Yacht Hull and Machinery	\$	\$	
Named Windstorm Deductible		\$	
Tender & Outboard	\$	\$	
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	
Navigation Area: East Coast U.S. Florida Waters not West of Cedar Key Bahamas Gulf Caribbean Other:		Lay Up: From _____ To _____ <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat	
Home Port:	Exact Hurricane Season Mooring Location: (Marina/Address, City, State, Zip Code)		
LIENHOLDER INFORMATION			
Mortgagee Name and Address:		Loan Number:	
		Loan Balance:	
OTHER INFORMATION			
EXPLAIN All "Yes" Responses In Remarks:	Yes	No	Remarks:
Is yacht ever chartered to others with captain?			
If yes, is yacht owner operated?			
Is yacht ever chartered to others without captain?			
Is yacht used commercially or for business purposes? (explain)			
Do you employ a paid captain or crew? If so how many?			Number of full time crew: ____ part time: ____
Is yacht used for water skiing or recreational diving?			
Was any operator involved in a marine loss in the last 10 years (Insured or not?)`			
Has any carrier cancelled, non-renewed or declined coverage?			
Is the yacht used for racing?			
For fare paying passenger vessels, advise the maximum/average # of passengers per trip ___/___ # trips annually ____			
COMMENTS:			

The completion and signing of this application does not bind the **APPLICANT** or this **COMPANY** to effect insurance on this risk; it is submitted for purposes of rating and quotation only. If accepted by this **COMPANY** it is agreed the information furnished herein shall be the basis of the contract should a policy be issued. STATEMENT ACKNOWLEDGEING COVERAGE HAS BEEN PLACED WITH A NON-ADMITTED CARRIER: The undersigned acknowledges that (s)he has instructed Kolisch Marine Insurance., to obtain a quote, and if accepted by me, to place insurance coverage(s) with a surplus lines company and understands the insurance coverage(s) written are not subject to the protection and benefits of the State Insurance Guarantee Association

Applicant Signature:	Date:	Producer: Joe Kolisch Kolisch Marine Insurance Inc 305-992-3482 joe@kolisch.net Source
Producer Signature:	Date:	
Current Insurer		
Policy Effective Date:	Annual Premium: \$	