



YACHT & HIGH PERFORMANCE INSURANCE APPLICATION

GENERAL AGENT CODE: _____	PRODUCER CODE: _____	APPLICANT NAME: _____	CORPORATE TITLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRODUCER NAME & ADDRESS		MAILING ADDRESS:		
		CITY / STATE / ZIP:		
PRODUCER PHONE NUMBER: _____		MOORING COUNTY: _____	DAYTIME PHONE: _____	EVENING PHONE: _____
FAX NUMBER: _____				
NAME OF PRESENT INSURANCE CARRIER		APPLICANT'S SOCIAL SECURITY NUMBER		REQUESTED EFFECTIVE DATE

GENERAL INFORMATION

APPLICANT IS THE TITLED OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: _____		MARITAL STATUS:		
APPLICANT'S CURRENT EMPLOYER & OCCUPATION (IF SELF EMPLOYED, ADVISE TYPE OF BUSINESS):		RESIDENCE IS:	<input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> APT	
YEARS EMPLOYED: _____ IF LESS THAN 2 YEARS, LIST PREVIOUS EMPLOYER: _____		<input type="checkbox"/> OWNED	<input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER	
		<input type="checkbox"/> RENTED		

BOAT STORAGE INFORMATION

MOORING LOCATION OF VESSEL WHEN IN USE—MARINA NAME (if applicable), ADDRESS, CITY, STATE, ZIP			LAY-UP LOCATION WHEN NOT IN USE—MARINA NAME (if applicable), ADDRESS, CITY, STATE, ZIP		
OPERATING PERIOD: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal			TYPE OF LAY-UP: <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat		
THIS LOCATION IS APPLICANT'S:			WARRANTED LAY-UP DATES: FROM _____ TO _____		
<input type="checkbox"/> Residence	<input type="checkbox"/> Boat Trailer	<input type="checkbox"/> Open Parking Lot	<input type="checkbox"/> Residence	<input type="checkbox"/> Boat Trailer	<input type="checkbox"/> Open Slip
<input type="checkbox"/> Place of Business	<input type="checkbox"/> Open Slip	<input type="checkbox"/> Driveway / Yard	<input type="checkbox"/> Place of Business	<input type="checkbox"/> Davits	<input type="checkbox"/> Covered Slip
<input type="checkbox"/> Commercial Storage	<input type="checkbox"/> Covered Slip	<input type="checkbox"/> Locked Fenced Area	<input type="checkbox"/> Commercial Storage	<input type="checkbox"/> Dry Stack	<input type="checkbox"/> Boat Lift
<input type="checkbox"/> Marina / Boatyard	<input type="checkbox"/> Boat Lift	<input type="checkbox"/> Garage	<input type="checkbox"/> Marina / Boatyard	<input type="checkbox"/> Open Parking Lot	
<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Davits		<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Driveway / Yard	
	<input type="checkbox"/> Dry Stack			<input type="checkbox"/> Locked Fenced Area	
				<input type="checkbox"/> Garage	

NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION

<input type="checkbox"/> US Inland Rivers/ Waterways ONLY	<input type="checkbox"/> Pacific	<input type="checkbox"/> Atlantic	Extended Navigation Limits--NO BINDING AUTHORITY IS EXTENDED Submit for approval with detailed boating experience resume, MVR, and current survey. Number of miles Offshore desired: <input type="checkbox"/> 25 – 50 miles <input type="checkbox"/> 50 – 75 miles <input type="checkbox"/> 75 – 100 miles
<input type="checkbox"/> Great Lakes & Tributaries	<input type="checkbox"/> Lake Mead, Powell or Tahoe		
<input type="checkbox"/> Coastal Up To 25 Miles Offshore	<input type="checkbox"/> Gulf	<input type="checkbox"/> Bahamas	

OPERATOR INFORMATION

(NAMED OPERATOR ENDORSEMENT MAY APPLY—PLEASE COMPLETE EXPERIENCE INFORMATION FOR EACH INTENDED OPERATOR)

PRIMARY OPERATOR NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER AND STATE	YEARS BOATING	YEARS OF BOAT OWNERSHIP	% USE	RELATIONSHIP TO OWNER

PRIOR BOATS YOU HAVE OPERATED	YEAR	LENGTH	MANUFACTURER	MODEL	CAT HULL Y/N	DATES OPERATED (FROM MONTH / YR)	DATES OPERATED (FROM MONTH / YR)	OWNED Y/N

WATERS NAVIGATED:

LICENSES OBTAINED OR BOATING COURSES COMPLETED:

DESCRIBE ALL MARINE INSURANCE LOSSES:

SECONDARY OPERATOR NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER AND STATE	YEARS BOATING	YEARS OF BOAT OWNERSHIP	% USE	RELATIONSHIP TO OWNER

PRIOR BOATS YOU HAVE OPERATED	YEAR	LENGTH	MANUFACTURER	MODEL	CAT HULL Y/N	DATES OPERATED (FROM MONTH / YR)	DATES OPERATED (FROM MONTH / YR)	OWNED Y/N

WATERS NAVIGATED:

LICENSES OBTAINED OR BOATING COURSES COMPLETED:

DESCRIBE ALL MARINE INSURANCE LOSSES:



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PROPERTY DESCRIPTION

REGISTRATION/ DOCUMENTATION NUMBER	LENGTH	WEIGHT	MAX. SPEED	FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	HAVE THE VESSEL, ENGINE(S) OR OPERATING EQUIPMENT BEEN MODIFIED OR ALTERED FROM THEIR ORIGINAL STOCK CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PROPERTY	YEAR	MANUFACTURER & MODEL NAME	HULL ID / SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
VESSEL						
ENGINE #1			HP:			
ENGINE #2			HP:			
ENGINE #3			HP:			
TENDER			HP:			

EQUIPMENT **VALUE OF EQUIPMENT THAT IS NOT AFFIXED TO THE HULL BUT IS REQUIRED FOR THE SAFE OPERATION, NAVIGATION OR MAINTENANCE OF THE WATERCRAFT. THESE ITEMS MUST BE INCLUDED IN THE TOTAL WATERCRAFT AND EQUIPMENT VALUE OR COVERAGE WILL NOT BE PROVIDED. NOTE: IF OVER \$2,000 AN ITEMIZED LIST MUST BE PROVIDED.**

Total Value: Vessel, Engines, Tender & Equipment

TRAILER	YEAR	MANUFACTURER & MODEL	SERIAL NUMBER	CURRENT VALUE
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PERSONAL EFFECTS **LIST ITEMS WHICH BELONG TO YOU SUCH AS WATERSKIS, FISHING GEAR, CAMERAS, SCUBA EQUIPMENT, PORTABLE RADIOS, AND WEARING APPAREL, ETC., FOR WHICH YOU DESIRE COVERAGE. (\$5,000 MAXIMUM COVERAGE)**

BOAT TYPE	BOAT POWER TYPE	HULL TYPE	HULL MATERIAL	SAFETY/ ANTI-THEFT EQUIPMENT	
<input type="checkbox"/> Aux-Sailboat	<input type="checkbox"/> Inboard	<input type="checkbox"/> V - Hull	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Marine Compass (1)	<input type="checkbox"/> Outboard/Outdrive Locks (2)
<input type="checkbox"/> Express Cruiser	<input type="checkbox"/> Outboard	<input type="checkbox"/> Stepped V - Hull	<input type="checkbox"/> Advanced Composite	<input type="checkbox"/> Depth Finder (1)	<input type="checkbox"/> Propeller Hub Locks (2)
<input type="checkbox"/> Houseboat	<input type="checkbox"/> Inboard / Outboard	<input type="checkbox"/> Deep V - Hull	<input type="checkbox"/> Wood	<input type="checkbox"/> VHF Radio (1)	<input type="checkbox"/> Trailer Ball or Axle Locks (2)
<input type="checkbox"/> Motor Yacht	<input type="checkbox"/> Jet Drive	<input type="checkbox"/> Bi-Hull	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Smoke Detectors (2)	<input type="checkbox"/> Vapor Detection System(2)
<input type="checkbox"/> Performance Cruiser	<input type="checkbox"/> Sail (Indicate Rig)	(Cat, Pontoon)	<input type="checkbox"/> Steel	<input type="checkbox"/> Radar (1)	<input type="checkbox"/> Lorán, Sat Nav Or GPS (1)
<input type="checkbox"/> Runabout/Sport Boat	<input type="checkbox"/> Manual	<input type="checkbox"/> Tri - Hull	<input type="checkbox"/> Inflatable	<input type="checkbox"/> EPIRB (1)	<input type="checkbox"/> Auto Fire Extinguisher In Engine Space (2)
<input type="checkbox"/> Sport Fisherman	<input type="checkbox"/> Other:	<input type="checkbox"/> Tunnel Hull	<input type="checkbox"/> Other:	<input type="checkbox"/> SeaKey (3)	<input type="checkbox"/> Electronic Burglar Alarm (3)
<input type="checkbox"/> Trawler		<input type="checkbox"/> Displacement		<input type="checkbox"/> High Water Alarm (2)	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		OTHER EQUIPMENT:	

HAVE ANY OPERATORS COMPLETED A BOATING SAFETY COURSE? (ATTACH COPY OF CERTIFICATES TO RECEIVE CREDIT)	NO. 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. 2	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. 3	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DURING THE PAST THREE YEARS, HAVE ANY OPERATORS HAD THEIR DRIVER'S LICENSES SUSPENDED, REVOKED OR REFUSED, BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT OR BEEN CONVICTED OF A MOVING VIOLATION? YES (Please Explain Below) NO

HAVE ANY OPERATORS BEEN INVOLVED IN A BOATING ACCIDENT OR BOATING LOSS? IF YES, PLEASE EXPLAIN BELOW. YES (Please Explain Below) NO

DURING THE PAST THREE YEARS, HAS ANY OPERATOR HAD ANY BOAT OR AUTOMOBILE INSURANCE CANCELED, BEEN REFUSED ISSUANCE OR RENEWAL, OR RECEIVED NOTICE OF SUCH INTENT? (MO. RESIDENTS NEED NOT ANSWER) YES (Please Explain Below) NO

HAVE THE OWNER(S) OR ANY OPERATOR(S) EVER BEEN CONVICTED OF A FELONY? YES (Please Explain Below) NO

IS A CAPTAIN, CREW OR MANAGEMENT SERVICE EMPLOYED TO OPERATE OR MAINTAIN THE VESSEL? (NO CREW LIABILITY COVERAGE IS AVAILABLE) YES (Please Explain Below) NO

IS THIS VESSEL CURRENTLY UP FOR SALE? YES (Please Explain Below) NO

BOAT USAGE

<input type="checkbox"/> Pleasure <input type="checkbox"/> Commercial <input type="checkbox"/> Racing <input type="checkbox"/> Primary Residence	Is this vessel used commercially or leased to others under a bareboat charter contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, risk is not eligible for this Program--refer to Commercial)	How Often Will Boat Be Trailered To Area Of Use? Times/Year: One Way Distance: Miles Type of Vehicle Used to Tow Boat: Make: Model:
	Is Boat Used For Waterskiing, Aquaplaning Or Other Sport? <input type="checkbox"/> Yes <input type="checkbox"/> No	BY SIGNING THIS APPLICATION I WARRANT THAT THE VEHICLE HAS A TOW CAPACITY RATING THAT IS ADEQUATE TO PULL THE BOAT & TRAILER.

DETAILS, EXPLANATIONS AND REMARKS

REMARKS:

LOSS PAYEE	ADDITIONAL INTEREST	PREMIUM FINANCE COMPANY
NAME AND ADDRESS	NAME AND ADDRESS EXPLAIN INTEREST:	IS THE PREMIUM FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND ADDRESS OF PREMIUM FINANCE COMPANY



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COVERAGE AND PREMIUMS

COVERAGE	LIMITS REQUESTED		PREMIUM
WATERCRAFT AND EQUIPMENT	\$ (ACV applies if hull value is under \$35,000 and at Company Option)		
HULL DEDUCTIBLE	<input type="checkbox"/> 1% <input type="checkbox"/> 2%(Min. High Performance Ded.)	<input type="checkbox"/> 3% <input type="checkbox"/> 4%	<input type="checkbox"/> 5% <input type="checkbox"/> Other:
WATERCRAFT LIABILITY <small>(Refer to Commercial Program for Paid Captain/Crew Or for Crew Liability Coverage)</small>	<input type="checkbox"/> 50/100/25 <input type="checkbox"/> 100/300/50 <input type="checkbox"/> 300,000 CSL	<input type="checkbox"/> 250/500/100 <input type="checkbox"/> 500,000 CSL <input type="checkbox"/> 1,000,000 CSL	
MEDICAL PAYMENTS	<input type="checkbox"/> None <input type="checkbox"/> 1000	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000	
UNINSURED BOATER	<input type="checkbox"/> No <input type="checkbox"/> Yes	Equal to Liability Limit, Max 300,000 CSL	
WATERSPORTS LIABILITY	<input type="checkbox"/> No <input type="checkbox"/> Yes	Equal to Watercraft Liability, Max. 300,000 CSL Note: Not available on vessels rating over 56mph	
SLIP & MOORING LIABILITY	<input type="checkbox"/> No <input type="checkbox"/> Yes	Equal to Watercraft Liability, Max. 300,000 CSL	
POLLUTION LIABILITY	<input type="checkbox"/> No <input type="checkbox"/> Yes	500,000 CSL Limit	
PERSONAL EFFECTS	\$	\$5000 Maximum. Itemization required for individual items over \$1,000.	
TRAILER PHYSICAL DAMAGE	\$		

NOTE: POLICY MAY BE SUBJECT TO SHORT RATE CANCELLATION. PREMIUM ON TOTAL LOSSES MAY BE FULLY EARNED.

TAX OR STATE FEES:

MINIMUM WRITTEN PREMIUM = \$500

MINIMUM EARNED PREMIUM = \$250

TOTAL PREMIUM:

(Do not deduct commission)

PAYMENT OPTIONS

- Total Annual Premium * \$5 fee per installment, except in D.C. (\$3) and West Virginia (\$2)
- 2 pay plan* - 50% down, 50% due in 90 days. Written premium must be greater than \$500
- 3 pay plan* - 40% down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than \$750
- 6 pay plan* - 25% down, 15% due in 60, 90, 150, 210 and 270 days. Written premium must be greater than \$1,500

Payment Type: Check (Payable to Markel American Insurance Company, except in CT, NH, NJ and VT, checks payable to Markel Insurance Co.)
 VISA MASTER CARD DISCOVER **(no coverage is bound if card does not accept payment)**

Credit Card Number: _____ Signature: _____

Credit Card Expiration Date: _____ Date: _____

APPLICANT'S STATEMENT AND SIGNATURE

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. I understand that if my watercraft is used for any business or commercial purposes, is used in any official or pre-arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit for hull coverage is the actual cash value (ACV) at the time of the loss or the stated ACV above, whichever is less. The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: 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. Your state may have specific warnings against filing false claim information.

AZ	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
NY	Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OR	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
PA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

TITLE (REQUIRED IF BOAT IS CORPORATELY TITLED)

HOW LONG HAS THIS APPLICANT BEEN YOUR CLIENT?