



Ocean Marine Division
65 Broadway
New York City, NY 10006

Luxury Yacht Application

For underwriting consideration, please send this application to: yacht@gaig.com.

Submission Date _____ Policy Effective Date _____

Agent/Producer Information

Name _____		
Phone _____	Code _____	
Agency Name _____		
Address _____		
City _____	State _____	Zip _____

Applicant

Yes No

Named Insured (DBA) _____			
Is the yacht the sole asset of this corporation?		<input type="checkbox"/>	<input type="checkbox"/>
Last, First Name (Beneficial Owner) _____		DOB _____	
Profession _____		Marital Status _____	
Address _____			
City _____		State _____	Zip _____
<input type="checkbox"/> Private	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Chartering	How Many Charters? _____
Years of Boating Experience _____			
Prior Boats Owned (Year/LOA/Manufacturer)			
1. _____			
2. _____			
3. _____			
4. _____			

Claims/Loss Details

Non – Renewed	<input type="checkbox"/>	<input type="checkbox"/>
---------------	--------------------------	--------------------------

Explain

Yacht Information

Yes No

Year _____	LOA _____		
Manufacturer _____			
Type _____	Construction _____		
Yacht Name _____			
# Engines _____	Engine Manufacturer _____	Total HP _____	
Purchase Date of Yacht _____	Purchased As Salvage?	<input type="checkbox"/>	<input type="checkbox"/>
Grt _____			
If 300+ Grt, Is COFR Required?		<input type="checkbox"/>	<input type="checkbox"/>
Last Survey Date _____	Tender Information _____		
# of Personal Watercraft _____			
Additional Yacht		<input type="checkbox"/>	<input type="checkbox"/>
Year _____	LOA _____		
Manufacturer _____		Hull Value _____	
# Engines		<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer		<input type="checkbox"/>	<input type="checkbox"/>
HP		<input type="checkbox"/>	<input type="checkbox"/>
Towed		<input type="checkbox"/>	<input type="checkbox"/>
Navigation _____			

Captain/Crew

Yes No

Captain?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full <input type="checkbox"/> Part Time		
Name _____		
Years of Experience _____		
Resume	<input type="checkbox"/>	<input type="checkbox"/>
Claims/Loss Details		
Will insured operate the yacht?	<input type="checkbox"/>	<input type="checkbox"/>
Crew	<input type="checkbox"/>	<input type="checkbox"/>
# Full Time Crew _____	# Part Time Crew _____	

Navigation/Detailed Itinerary

Yes No

East Coast

- East/Gulf Coast East/Gulf & Mexico
- East/Coast & Caribbean Northeast/Midatlantic & Bermuda
- South East; SC, FL, GA, Bahamas, T&C Florida/Gulf of Mexico
- Great Lakes Inland Lakes & Rivers
- Chesapeake Bay

North/South Restriction

Dates: 6/1 – 11/15 At 34°

Other _____

Lay Up Dates _____

West Coast

- Full West Coast (12 Months) West Coast Navigation (W/N/S Restrict)
- Pacific NW (Alaska, Bc, Puget Sound) Puget Sound/Tributaries
- California With Limited Mexico Mexico
- Central America Navigation Costa Rica/Panama
- Panama Canal Transit Hawaii

North/South Restriction

Dates: 6/1 – 11/15 AT 30°

Other _____

Lay Up Dates _____

Extended Navigation

- Trans Atlantic Voyage Mediterrean
- Europe

Detailed Itinerary (If options above do not meet your itinerary, please describe below in your own words.)

Summer Mooring _____ Months _____

Winter Mooring _____ Months _____

Hull Value/Liability Limit

Yes No

Property Damage _____ Liability Limit _____

Yacht Loan

Breach of Warranty

Loan Amount \$ _____

Additional Information

Signature _____

Date _____