



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? Yes No

Last, First Name (Beneficial Owner) _____ DOB _____

Profession _____ Marital Status _____

Address _____

City _____ State _____ Zip _____

Private Pleasure Chartering How Many Charters? _____

Years of Boating Experience _____

Prior Boats Owned (Year/LOA/Manufacturer)

1. _____

2. _____

3. _____

4. _____

Claims/Loss Details

Non – Renewed Yes No

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/Coast & Caribbean
- South East; SC, FL, GA, Bahamas, T&C
- Great Lakes
- Chesapeake Bay

- East/Gulf & Mexico
- Northeast/Midatlantic & Bermuda
- Florida/Gulf of Mexico
- Inland Lakes & Rivers

North/South Restriction

Dates: 6/1 – 11/15 At 34°

Other _____

Lay Up Dates _____

West Coast

- Full West Coast (12 Months)
- Pacific NW (Alaska, Bc, Puget Sound)
- California With Limited Mexico
- Central America Navigation
- Panama Canal Transit

- West Coast Navigation (W/N/S Restrict)
- Puget Sound/Tributaries
- Mexico
- Costa Rica/Panama
- Hawaii

North/South Restriction

Dates: 6/1 – 11/15 AT 30°

Other _____

Lay Up Dates _____

Extended Navigation

- Trans Atlantic Voyage
- Europe
- Mediterrean

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 Yes No

Breach of Warranty Yes No

Loan Amount \$ _____

Additional Information

Signature _____

Date _____