



Yacht Quote/Application

Use the 1st page for a quote, and complete the 2nd page to issue the policy.

SLS FAX # - 918-336-2178

POLICY EFFECTIVE DATE		Downpayment:		AgencyCode	
Insured's Name				Agency Name	
Street Address				Contact Name	
City		State	Zip	Agency Phone #	
Brokered? <input type="checkbox"/> No <input type="checkbox"/> Yes		Previously Declined, cancelled, nonrenewed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes explain in remarks)		Agency FAX #	

OWNER/OPERATOR INFORMATION – List all operators (including minor and occasional operators)

	Birth Date	Yrs. Exp.	% of use	USPS/USCGA course?
1.				<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
2.				<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
3.				<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced

Previous Vessels owned (please specify size and years owned)	Prior Boating Losses (date, description, amount, operator (if applicable))
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Is this yacht used for racing? No Yes If yes, what % of time? _____ %

YACHT INFORMATION

Yacht	Year	Length	Manufacturer	Model	Total HP	Max speed (mph)	
	Engine Info: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other:		Engine Type: <input type="checkbox"/> Outboard(s) <input type="checkbox"/> Inboard <input type="checkbox"/> Outdrive (I/O) <input type="checkbox"/> Water Jet	Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> None	Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other:	Hull Identification Number	
	Date of Last Survey		Date Purchased	Total Purchase Price	Was yacht purchased as salvage or previously damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Outboard Motor(s)	Year	Manufacturer	Model	Value
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Dinghy (If over 16' or 25 hp)	Year	Manufacturer	Model	Length	Value
	Dinghy Motor Manufacturer		Dinghy Motor Year	Serial Number	Total HP

Trailer	Year	Manufacturer	Model	Value
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- Waters Navigated** (x which apply)
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Full Atlantic (ME to FL) | <input type="checkbox"/> Restricted South Atlantic (NC,SC,GA) | <input type="checkbox"/> Southeast Inland lakes & rivers | <input type="checkbox"/> Puget Sound |
| <input type="checkbox"/> New England (ME to NJ) | <input type="checkbox"/> South Atlantic (NC to FL) | <input type="checkbox"/> Southern California | <input type="checkbox"/> San Francisco Bay & tributaries |
| <input type="checkbox"/> North Atlantic (ME to NC) | <input type="checkbox"/> Great Lakes | <input type="checkbox"/> West Coast | <input type="checkbox"/> Lake Powell/Lake Mead |
| <input type="checkbox"/> Northeast Inland lakes & rivers | <input type="checkbox"/> Gulf (FL to TX) | <input type="checkbox"/> California Coastal | <input type="checkbox"/> Western States – Inland |
| <input type="checkbox"/> Chesapeake Bay | <input type="checkbox"/> Atlantic & Gulf (ME to TX) | <input type="checkbox"/> Northern California | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Other: _____ | | | |

Location List name & location of marina or residence	Summer (City, State, Zip)	Winter (City, State, Zip)	Lay-up Period (mo/day) From To	<input type="checkbox"/> Hauled <input type="checkbox"/> Afloat <input type="checkbox"/> Bubbler system
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Pleasure Use	# of Charters	Paid Captain	Paid Crew	Total Paid Crew (including Captain) # _____	Live Aboard
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes

- Safety Equipment**
- | | | | | |
|--------------------------------|---------------------------------------|---|---|--|
| <input type="checkbox"/> GPS | <input type="checkbox"/> Built-in CO2 | <input type="checkbox"/> Ship/Shore Radio | <input type="checkbox"/> Depth Sounder | <input type="checkbox"/> Burglar Alarm |
| <input type="checkbox"/> Radar | <input type="checkbox"/> Laser Plot | <input type="checkbox"/> EPIRB | <input type="checkbox"/> Vapor Detector | |

COVERAGES

Hull (incl.machinery, equipment & o/b)	Hull Ded.%	Protection & Indemnity	Medical Payments (\$2,000 incl. 26' – 29'11" - \$5,000 incl. 30' +)	UB (Equal to P&I)	Commercial Towing (\$600 incl. 26' – 29'11" - \$1,000 incl. 30' +)	Pers Prop (\$1,000 included)
\$ _____	_____	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	\$ _____		<input type="checkbox"/> \$800 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	\$ _____

- Optional Coverages:**
- | | | |
|--|--|----------|
| <input type="checkbox"/> Hurricane Haul Out Reimbursement | <input type="checkbox"/> Electronic Deductible Endorsement (\$250,000 hull minium) | \$ _____ |
| <input type="checkbox"/> Blanket Fishing Equipment: Total Value \$ _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Additional Information needed to issue:

Occupation (s) for all operators: 1. 2. 3.	How many years have you known the applicant?	Do you handle other insurance with Travelers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, (<input checked="" type="checkbox"/> which apply). <input type="checkbox"/> Homeowners <input type="checkbox"/> Automobile <input type="checkbox"/> Umbrella <input type="checkbox"/> Other:
Has any operator been convicted of a moving violation or had an accident during the last 3 years?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Give details below)

Date	Loss description including amount/violation description	Operator #
1.		
2.		
3.		

Loss Payee			Alternate Payor		
Name			Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

Additional Insured			
Name		Has insurance ever been cancelled or declined? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes indicate by whom and the reason in the remarks.	
Address		Have you or any operator had a criminal conviction (arson, burglary, etc.) within the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate by whom and reason in the remarks.	
City	State	Zip Code	

Additional Remarks -

Signature

The statements made on this application are accurate to the best of my knowledge. I agree that this application shall constitute a part of any policy issued whether attached or not. I understand that any false or inaccurate information may result in my policy being made null and void or canceled as permitted by state law. I also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of Applicant: _____ **Date:** _____

To the best of my knowledge, the applicant has provided truthful information and I certify that the above signature is that of the named insured.

Signature of Agent: _____ **Date:** _____