

# ACORD™ YACHT SECTION

DATE (MM/DD/YYYY)

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)				
	COMPANY			NAIC CODE	
	UNDERWRITING OFFICE		UNDERWRITER		
	NEW RENEWAL	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	
CODE:	SUB CODE:	QUOTE	ISSUE POLICY		
AGENCY CUSTOMER ID:		CHARTERING	YES	NO	TOTAL YEARS EXPERIENCE
		NO. CHARTERS PER YEAR			

## YACHT INFORMATION

YEAR BUILT	MANUFACTURER	TYPE	LENGTH	CONST. MATERIAL	ENGINE MANUFACTURER	TOTAL HP
YACHT NAME		HOME PORT		NAVIGATION LIMITS REQUIRED		
SURVEY AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		INDICATE LAST DATE: _____		NO. PERSONAL WATERCRAFT	CAPTAIN <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NONE	
NAME OF CAPTAIN						
CREW <input type="checkbox"/> FULL TIME NUMBER _____ <input type="checkbox"/> PART TIME NUMBER _____ <input type="checkbox"/> NONE		TENDERS <input type="checkbox"/> YES <input type="checkbox"/> NO		YEAR	LENGTH	MANUFACTURER
		1.				
		2.				
		3.				

## COVERAGE REQUESTED

INSURED VALUE \$	LIABILITY LIMITS \$	OTHER \$	DESCRIBE:
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## PRIOR YACHT(S) OWNED

MANUFACTURER	LENGTH

## LOSS HISTORY

DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED			
DATE	AMT PAID	CLAIM STATUS	CAUSE

## REMARKS