



This worksheet must be completely filled out in order to have a policy quoted or issued. If we have agreed to bind coverage, please attach a copy of your binder.

Megayacht Worksheet

Date: Agency: Agency Code:
Name to be Used on Policy:
Mailing address: City State: Zip:
Beneficial Owner's Name:
Occupation:

Yacht To Be Insured:

Year Built: Length: Manufacturer:
Type: Construction Material: Total Horsepower: Gas: () Diesel: ()
Engine Manufacturer: Engine Model
Vessel Name: Effective Date of Coverage:
Hull Insured Value: \$ Hull Deductible: \$ Liability Limit: \$
Medical Payments: \$ Personal Effects: \$ Uninsured Boaters:\$
Towing: \$
Tenders (must be carried on board and used only to service the megayacht): Year: Mfr.:
Length: Horsepower: Value: \$
Personal Watercraft: How Many: Year: Length: Mfr.:
Request for Charter: () Yes () No Request for War: () Yes () No

Mooring/Navigating Area:

Home Port:
Requested areas of navigation: () East Coast of the United States () Gulf Coast of the United States () West Coast of the United States () Vancouver Island, British Columbia, Canada () Newfoundland Island, Canada
() Bahamas, Turks & Caicos () Inland waters of the United States and Canada () Panama Canal Transit () Mexico () Alaska () Bermuda () Eastern Caribbean, not south of Grenada () Western Caribbean, not south of Venezuela () Mediterranean navigation () European navigation () Trans- Atlantic – Own bottom () Other:

() Cargo Shipment Required - Name of cargo carrier:
Shipment City of departure: Arrival city:
dates:

1 Year Itinerary:

Crew Information:

Total # of full-time paid crew: _____ Total # of part-time/occasional crew: _____

Please check all that apply: Captain: _____ full-time: _____ or part-time: _____

First Mate: _____ full-time: _____ or part-time: _____

Engineer: _____ full-time: _____ or part-time: _____,

Deckhand: _____ Chef: _____, Steward/Stewardess: _____

Captain's name:

Captain's Resume:

Captain's Loss History:

Loss/Survey Information:

Any Loss History: () Yes () No If yes, please provide dates, description & amounts:

Survey available: () Yes () No. If yes, please attach copy.

Previously Owned Vessels:

Previous Insurance Carrier:

Loss Payee: Name:

Mailing Address:

City:

State:

Zip:

Breach of Warranty required: () Yes () No If so, Amount of Loan: \$

Additional Watercraft:

Year: _____ Length: _____ Manufacturer: _____ Model: _____ Value: _____

Year: _____ Length: _____ Manufacturer: _____ Model: _____ Value: _____

Are any of these watercraft towed behind the megayacht () Yes () No

A quotation or policy issuance for this yacht is based upon information provided by the producer and prospective insured and is subject to receiving the Captain's resume, the one year itinerary and a current survey (if applicable), within thirty (30) days from the quotation date.

For Underwriting Use: