

# Yacht Insurance Application

## Lewis and Lewis

### Underwriters at Lloyd's London

PRIVATE PLEASURE USE

1. NAME OF ASSURED \_\_\_\_\_  
 (INCLUDING ALL STOCKHOLDERS IF A CORPORATION)

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ AGE: \_\_\_\_\_

2. ADDITIONAL ASSURED &/OR LOSS PAYEE \_\_\_\_\_

MORTGAGEE \_\_\_\_\_ LOAN BALANCE US\$ \_\_\_\_\_

3. INSURANCE TO START : FROM \_\_\_\_\_ TO \_\_\_\_\_

4. VESSEL NAME \_\_\_\_\_ YEAR BUILT \_\_\_\_\_

PURCHASE DATE \_\_\_\_\_ PURCHASE PRICE USD\$ \_\_\_\_\_

MATERIAL OF HULL = FIBERGLASS \_\_\_\_\_ WOOD \_\_\_\_\_ STEEL \_\_\_\_\_ ALMN \_\_\_\_\_

VESSEL LENGTH \_\_\_\_\_ BULDER & MODEL \_\_\_\_\_

ENGINE(S) – SINGLE / TWIN / OTHER \_\_\_\_\_

GASOLINE \_\_\_\_\_ DIESEL \_\_\_\_\_ YR. BUILT \_\_\_\_\_ HORSE POWER \_\_\_\_\_ EACH

MAX SPEED (KNOTS) \_\_\_\_\_ MANUFACTURER \_\_\_\_\_

5. HULL INSURANCE: MARKET VALUE US\$ \_\_\_\_\_  
 (PROVIDE EXPLANATION IF DIFFERENT FROM THE PURCHASE PRICE)

HULL DEDUCTIBLE USD\$ \_\_\_\_\_ UNINSURED BTRS USD\$ \_\_\_\_\_

LIABILITY (P&I) LIMIT USD\$ \_\_\_\_\_ MEDICAL PAYMENTS USD\$ \_\_\_\_\_

PERSONAL EFFECTS TOTAL LIMIT USD\$ \_\_\_\_\_

PLEASE DETAIL ANY INDIVIDUAL PERSONAL EFFECTS ITEM(S) OVER USD  
 NO COVERAGE FOR ITEMS VALUED OVER \$1,000 USD UNLESS

DETAILED IN WRITING: \_\_\_\_\_

TENDERS / OUTBOARDS ETC: USD\$ \_\_\_\_\_  
 (LIST TYPE, AGE AND VALUES)

ADDITIONAL ITEMS \_\_\_\_\_

6. WATERS TO BE NAVIGATED LIMITED TO: \_\_\_\_\_

LAY UP DATES (IF APPLICABLE) \_\_\_\_\_ TO \_\_\_\_\_

7. DETAIL ITINERARY IF RACING (IF APPLICABLE) \_\_\_\_\_  
\_\_\_\_\_

8. OWNERS EXPERIENCE \_\_\_\_\_ YRS. SKIPPERS EXPERIENCE \_\_\_\_\_ YRS.

PREVIOUS VESSELS OWNED &/OR OPERATED (OWNER & SKIPPER):

OWNER: \_\_\_\_\_  
\_\_\_\_\_

SKIPPER: \_\_\_\_\_  
\_\_\_\_\_

LOSSES SUSTAINED DURING PAST FIVE YEARS (OWNER & SKIPPER)

NUMBER \_\_\_\_\_ AMOUNT(S) US\$ \_\_\_\_\_  
(IF NONE, STATE "NONE") (IF NONE, STATE "NONE")

DESCRIBE IN DETAIL \_\_\_\_\_  
\_\_\_\_\_

IF ANY OTHER PERSON IS GOING TO BE IN CHARGE OF THE VESSEL PLEASE GIVE THEIR DETAILS:

\_\_\_\_\_

9. HAS ANY INSURER EVER CANCELLED OR REFUSED TO ISSUE ANY PRIVATE PLEASURE  
INSURANCE FOR THE APPLICANT? \_\_\_\_\_

IF SO, WHY? \_\_\_\_\_

NAME OF PRESENT OR PREVIOUS INSURER \_\_\_\_\_

10. NUMBER OF PERMANENT PAID CREW MEMBERS? \_\_\_\_\_

NUMBER OF PART TIME PAID CREW MEMBERS? \_\_\_\_\_

11. DATE OF MOST RECENT SURVEY \_\_\_\_\_  
AFLOAT / DRYDOCKED (DELETE AS APPLICABLE)

12. WHERE IS VESSEL BASED? \_\_\_\_\_  
(HOME PORT / MARINA ADDRESS / SLIP #)

13. WILL THE VESSEL ENGAGE IN CHARTER WORK? \_\_\_\_\_  
IF SO, PLEASE PROVIDE DETAILS \_\_\_\_\_  
\_\_\_\_\_

14. WILL THE VESSEL BE USED FOR BUSINESS ENTERTAINMENT ? \_\_\_\_\_

15. OTHER REMARKS: \_\_\_\_\_

**WAR & TERRORISM COVERAGE:** WAR & TERRORISM COVERAGE HAS BEEN OFFERED AT AN

ADDITIONAL PREMIUM USD\$ \_\_\_\_\_ (OF WHICH USD\$ \_\_\_\_\_ IS IN RESPECT OF TERRORISM COVERAGE PER THE TERRORISM RISKS INSURANCE ACT 2002). I/WE DECLARE THAT I/WE HAVE ELECTED NOT TO PURCHASE WAR & TERRORISM COVERAGE.

DATE: \_\_\_\_\_ 20 \_\_\_\_\_ SIGNATURE OF OWNER \_\_\_\_\_  
 DAY / MONTH (OR OWNER'S APPOINTED REPRESENTATIVE)

NOTICE: FRAUD WARNING (REQUIRED BY LAW IN CERTAIN STATES): ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. CONCEALMENT, MISREPRESENTATION OR FRAUD: ANY FRAUDULENT STATEMENT MISREPRESENTATION OR FAILURE TO DISCLOSE MATERIAL INFORMATION IN THE NEGOTIATION OF THIS POLICY WILL RENDER THE INSURANCE VOIDABLE FROM INCEPTION AND ENABLE THE COMPANY TO REPUDIATE LIABILITY.

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISION. CALIFORNIA INSURANCE FRAUDS PREVENTION ACT 1871.2

APPLICANT(S) STATEMENT: I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FORGOING STATEMENTS ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

DATE: \_\_\_\_\_ 20 \_\_\_\_\_ SIGNATURE OF OWNER \_\_\_\_\_  
 DAY / MONTH (OR OWNER'S APPOINTED REPRESENTATIVE)



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