# ACORD™ YACHT SECTION

DATE (MM/DD/YYYY)

| | |
|---|---|
| PRODUCER | PHONE (A/C, No, Ext): <br> FAX (A/C, No): |
| APPLICANT (First Named Insured) | |
| COMPANY | NAIC CODE |
| UNDERWRITING OFFICE | UNDERWRITER |
| ☐ NEW ☐ RENEWAL | EFFECTIVE DATE / EXPIRATION DATE |
| ☐ DIRECT BILL ☐ AGENCY BILL | PAYMENT PLAN |
| 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 | INDICATE LAST DATE: | NO. PERSONAL WATERCRAFT | CAPTAIN | NAME OF CAPTAIN |
|---|---|---|---|---|
| ☐ YES ☐ NO | | | ☐ FULL TIME ☐ PART TIME ☐ NONE | |

| CREW | TENDERS | YEAR | LENGTH | MANUFACTURER |
|---|---|---|---|---|
| ☐ FULL TIME NUMBER _____ <br> ☐ PART TIME NUMBER _____ <br> ☐ NONE | ☐ YES <br> ☐ NO | 1. | | |
| | | 2. | | |
| | | 3. | | |

## COVERAGE REQUESTED

| INSURED VALUE | LIABILITY LIMITS | OTHER | DESCRIBE: |
|---|---|---|---|
| $ | $ | $ | |

## PRIOR YACHT(S) OWNED

| MANUFACTURER | LENGTH |
|---|---|
| | |
| | |
| | |

## LOSS HISTORY

DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED

| DATE | AMT PAID | CLAIM STATUS | CAUSE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## REMARKS


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