

**Elite Yacht ProgramSM
Mega-Yacht Application**

INAMAR[®]

Recreational Marine Insurance

One of the ACE Group of Companies

Vessel Owner:

Policy is to be issued in the name of:

Name _____ Address _____
 City _____ State _____ Country _____ Zip _____

Name and address of beneficial owner (if different than above):

Name _____ Address _____
 City _____ State _____ Country _____ Zip _____

Loss Payee:

Name _____ Address _____
 City _____ State _____ Country _____ Zip _____

Are there any other individuals or entities with a financial interest in this vessel that request being named on this policy?
 If yes, please identify and explain their interest:

Owner/Beneficial Owner's Experience:

Age: _____ Years as owner (All boats): _____ Size and types of vessel(s) owned: _____

Describe owner's occupation/source of income with name & address for business:

Who is authorized to place insurance for the vessel?

What is their relationship to the Owner/Beneficial Owner?

Has insurance ever been declined or cancelled? Yes No Reason: _____

Current Carrier: _____ Expiration date: _____ Premium: \$ _____

Loss Experience - Owner & Vessel

Owner/Beneficial owner insurance losses? Please give company name(s), date(s) of loss(es), nature of loss(es) and amount(s) paid.

Company: _____ D/O/L: _____ Amount: \$ _____

Cause: _____

Has this vessel ever sustained any losses? If so, please detail date, cause, type and repair cost.

D/O/L: _____ Amount: \$ _____ Cause: _____

Crew:

Please provide a copy of current licenses and detailed resumes for each crew member. The resume should include the following minimum information for the past five years:

- Previous vessels on which employed
- Rank or position on each vessel
- Dates of employment
- Reason for leaving
- Loss history
- References
- Safety courses taken i.e. CPR and First Aid
- Languages spoken fluently

Number of full-time crew: _____ Number of part-time crew: _____

Do you require drug/alcohol testing of crew? Yes No

If Yes, when and how often after hiring? _____

Has your crew had formal security training? Yes No

Vessel Information:

Year Built: _____ L.O.A.: _____ GRT: _____

Note: If GRT is >300, and is in the U.S., separate primary Pollution coverage must be purchased from the Water Quality Insurance Syndicate. Our coverage responds as Excess after the Primary has been exhausted.

Vessel Name: _____ Former Name(s): _____

Hull I. D. #: _____ Doc. #: _____ Country of Registration: _____

Builder: _____ Model: _____ Material: _____

Your Purchase Price of Vessel: \$ _____ Purchase date: _____ Is a current survey available? Yes No

If Yes, please enclose a copy. Name of Surveyor and survey date: _____

Has the vessel ever been in Class? Yes No Is the yacht current in Class? Yes No

If Yes to either preceding question, indicate the Class Society:

- Lloyd's Registry of Shipping
- American Bureau of Shipping
- MCA
- Other

Propulsion:

Engine Manufacturer: _____ Engine Model: _____

Number: _____ HP: _____ /each Fuel Type: _____

Are maintenance records kept aboard? Yes No

Does propulsion system include gas turbines? Yes No

If Yes, describe: _____

Propulsion Systems with engines in excess of 1,000 HP each:

Is a crew member a trained, experienced engineer who is familiar and certified for the operation of this type of engine? Yes No

Is there a maintenance agreement with manufacturer? Yes No

Are the engines financed or campaigned by manufacturer? Yes No

If Yes, what are the particulars and restrictions? _____

For Sailboats Only:

Manufacturer of Mast: _____ Country of Origin: _____

Mast Material: _____ Initial price of Mast: \$ _____

Security:

What type of security system do you have?

Closed Circuit TV Motion Detection Perimeter (Local or Central Station) Satellite

Fine Arts:

Do you normally have fine arts aboard? Yes No

If Yes, is the total amount greater than \$100,000.? Yes No

If Yes, please indicate Total Value: _____

If greater than \$100,000., please provide appraisals for individual items of \$10,000. or more in value.

Additional Equipment:

Please describe any equipment used with the yacht, such as: personal watercraft, ski boats, windsurfers, dinghy/tenders, mopeds, motorcycles, etc. Any equipment NOT listed may be considered to be part of the Property (Hull) limit, and subject to the Property deductible.

Year	Description	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Navigation Itinerary:

Waters to be navigated during policy term: _____

Name and address of primary mooring locations as well as usual mooring locations expected during the policy period:

Location: _____ City: _____ State: _____ Country: _____

Insurance Certificates needed for docking in Mediterranean ports: Greek Italian Spanish French

Italian Certificate is required only on watercraft less than 50 gross tons. Please provide the Engine HP and the Total Weight of each watercraft under Additional Equipment.

Chartering:

Is the vessel chartered? Yes No

If Yes, _____ Times (Weekly Monthly Annually)

What is the charter fee for one week's charter? \$ _____

Please provide a copy of the previous years charter activity.

Chartering (continued):

Name and address of charter management company, if any:

Name _____

Address _____

City _____ State _____ Country _____ Zip _____

Does the charter management company require being added to the policy? Yes No

Are there any other activities the vessel is engaged in, other than private pleasure use? If so, please describe:

Insurance Limits Requested

Effective for one year beginning: _____

Hull & Machinery (Property) Limit \$ _____ D/A _____ % (\$ _____)

Special Deductibles: Windstorm \$ _____ Engines \$ _____ Other \$ _____

P & I (Liability) Limit \$ _____ Liability Limit to crew (other than P&I limit) \$ _____

Medical Payments Limit \$ _____ Per Person _____ Uninsured Boaters Limit \$ _____

Fine Arts Limit \$ _____ Maximum Per Item \$ _____ Deductible \$ _____ Per Loss _____

Personal Property Limit: Owner \$ _____ Guests \$ _____ Crew \$ _____

War Risk Hull Coverage: Yes No War Risk P&I Coverage: Yes No Confiscation: Yes No

Bank Breach of Warranty: Yes No Outstanding Loan Balance: \$ _____

ACKNOWLEDGEMENTS

Important Notice Regarding The Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Notice to Rhode Island Insurance Applicants: Rhode Island law now requires that you disclose prior arson convictions. Failure to do so is a criminal offense. The law also permits insurers to deny coverage in cases where an insured has an arson conviction within the past 10 years. Please answer the following question: Have you ever been convicted of arson? Yes No If yes, please provide date of conviction: _____

Applicant's Statement: I certify that to the best of my knowledge all statements on this application are true. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the company will provide further information regarding my statutory rights upon request.

Signature of Applicant: _____ Date: _____

Agency Name: _____ Producer #: _____

Address _____

City _____ State _____ Zip _____