

ACORDTM 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	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 <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