



Elite Yacht Program® Mega-Yacht Application

ace recreational
marine insurance

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: _____

In the event of a threat to the safety of the vessel or crew, who would have the ultimate responsibility to make decisions concerning the action(s) to be taken to protect the vessel and/or crew?

Make ONE selection only: Captain Owner Other: _____

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:

- | | |
|---|--|
| <input type="checkbox"/> Previous vessels on which employed | <input type="checkbox"/> Loss history |
| <input type="checkbox"/> Rank or position on each vessel | <input type="checkbox"/> References |
| <input type="checkbox"/> Dates of employment | <input type="checkbox"/> Safety courses taken, i.e., CPR and First Aid |
| <input type="checkbox"/> Reason for leaving | <input type="checkbox"/> 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

Italian Certificate is required only on watercraft less than 25 gross tons. Please provide the Engine HP, the Total Weight and the Hull I.D. Number 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 year's 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 NoBank 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: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and [NY: substantial] civil damages. [Colorado: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.]

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 hereby declare that the above statements and particulars together with any attached documents are true and that I have not suppressed or misrepresented any material facts. I agree that this application, if the insurance coverage applied for is written, shall be the basis of the contract with the insurance company, and be deemed to be a part of the policy to be issued as if physically attached thereto. 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. 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.

Signature of Applicant:

Date:

Agency Name:

Producer #:

Address

City

State

Zip