



ADVANCED E & S GROUP
GREAT LAKES RE YACHT APPLICATION

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INSUREDS NAME:		
FULL MAILING ADDRESS (including ZIP/Postal Code where available):		
BENEFICIAL OWNER (this should be completed if vessel is insured in a company name or if the beneficial owner of the vessel is someone other than the Named Insured):		
EFFECTIVE DATE FROM: (MM/DD/YR)	TO: (MM/DD/YR)	0.01LST
VESSEL NAME:	HULL ID:	LENGTH:
MANUFACTURER MODEL:	YEAR BUILT:	
PURCHASE PRICE:	DATE OF PURCHASE:	PRESENT VALUE:
MAXIMIUM SPEED:	VESSEL FLAG:	
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER		
<u>COVERAGES</u>	<u>LIMIT</u>	
HULL PHYSICAL DAMAGE		
TENDER/DINGHY		
MEDICAL PAYMENTS		
PERSONAL PROPERTY		
TRAILER		
BREACH OF WARRANTY (APPLICABLE LOSS PAYEE MUST BE DETAILED ON PAGE 4)		
THIRD PARTY LIABILITY		
LIABILITY TO PAID CREW		
COMMERCIAL PASSENGER LIABILITY		
UNINSURED BOATERS (MAXIMIUM AVAILABLE US\$1,000,000)		
OTHER (PLEASE SPECIFY)		



PLEASE PICK THE APPROPRIATE BOXES – IF YOU ANSWER “OTHER” TO ANY SECTION, PLEASE GIVE DETAILS

PRIMARY POWER	SAIL		TYPE OF VESSEL	SAILBOAT	
	OUTBOARD			MOTOR YACHT	
	INBOARD			SPORTSFISHER	
	OTHER			PERFORMANCE	
HULL MATERIAL	FIBERGLASS		TYPE OF HULL	HOUSEBOAT	
	STEEL			OTHER	
	ALUMINIUM		MONOHULL		
	WOOD		CATAMARAN		
	KEVLAR		OTHER		
	CARBONFIBRE		FUEL TANK	METAL	
	OTHER			FIBREGLASS	

PLEASE DETAIL ALL FIRE PREVENTION/EXTINGUISHING EQUIPMENT INSTALLED OR KEPT ON VESSEL:

DATE VESSEL LAST SURVEYED (MM/DD/YR)	AHSORE OR AFLOAT	HAS SURVEY BEEN SUPPLIED TO UNDERWRITER? (CIRCLE ONE)
		YES NO

PLEASE READ AND SIGN BELOW

The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct. Signing of this application does not bind the applicant or the insurer. In the Event there is any change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. Any person who knowingly and with intent to defraud any insurance company or other person files application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime in certain jurisdictions.

Applicant Signature: _____ Producer Signature: _____
 Title: _____ Title: _____
 Date: _____ Date: _____
 Agency: _____

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