



ADVANCED E & S GROUP
ISR YACHT APPLICATION

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Date: _____ Agency: _____
Name to be Used on Policy: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Beneficial Owner's Name: _____ Date of Birth: _____
Occupation: _____ Nationality: _____
Other entities or individuals having financial interest in this yacht: _____

Boats previously owned:

Dates Owned: _____ Builder: _____ Type: _____
Size: _____ Waters Navigated: _____
Dates Owned: _____ Builder: _____ Type: _____
Size: _____ Waters Navigated: _____
Dates Owned: _____ Builder: _____ Type: _____
Size: _____ Waters Navigated: _____

Yacht To Be Insured:

Year Built: _____ Length: _____ Manufacturer: _____
Model: _____ Type: _____
Hull #/Document #: _____ Vessel Name: _____
Construction Material: _____ Tonnage: _____ Engine Manufacturer: _____ Gas () Diesel ()
Engine Model: _____ Single: _____ Twin: _____ Total Horsepower: _____ Max Speed: _____
Propulsion System: Traditional Shaft Driven: _____ Jet Drive: _____ Arneson/Surface Piercing: _____
Purchase Date: _____ Purchase Price: _____ Effective Date of Coverage: _____
Hull Insured Value:\$ _____ Hull Deductible:\$ _____ Wind Deductible:\$ _____ Liability Limit:\$ _____
Medical Payments:\$ _____ Personal Effects:\$ _____ Uninsured Boaters:\$ _____ Towing:\$ _____
Tenders (must be carried on board and used only to service the megayacht): Yr _____ Mfr _____ Length _____
Engine Mfr: _____ Horsepower: _____ Inboard: _____ Outboard: _____ Jet: _____ Total Value\$ _____
Personal Watercraft: How Many? _____
Year: _____ Length: _____ Mfr: _____ Value: _____
Year: _____ Length: _____ Mfr: _____ Value: _____
Year: _____ Length: _____ Mfr: _____ Value: _____
Request for Charter: () Yes () No If yes, number of charters per year: _____
Is this yacht part of a Timeshare, Fraction Share, Vacation Club or similar type of arrangement? () Yes () No
Request for War: () Yes () No Port of Registry: _____



Mooring /Navigating Area:

Home Port Spring/Summer Including Zip Code: _____

Home Port Fall/Winter Including Zip Code: _____ Lay-up Dates:_____ to_____

- Requested areas of navigation: () East Coast of the United States () Gulf Coast of the United States
 () West Coast of the United States () Vancouver Island, British Columbia () Newfoundland Island, Canada
 () Bahamas, Turks & Caicos () Inlands Waters of the United States and Canada () Panama Canal Transit
 () Mexico () Alaska () Bermuda () Eastern Caribbean, not south of Grenada () Western Caribbean, not south of
 Venezuela () Mediterranean navigation () European navigation () Trans-Atlantic – Own bottom () Worldwide
 () Other _____

One Year Itinerary: _____

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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