



ZURICH

Zurich Marine Specialty
Master Mariner Yacht Application

NORTHERN INSURANCE COMPANY OF NEW YORK

Agency Name: Agent #: Effective Date:

General

Name of Owner(s):
Res. Address: Home Tel. No.:
City: State: Zip +4: Office Tel. No.:
Mailing Address (if different): Date of Birth:
Drivers License No.: State: Social Sec. No.:
Occupation: Employer: Job Title:
Have you ever been convicted of a felony? Yes No If yes, Explain:

Yacht Description

Model Year: Length: Mfr.: Model:
Hull ID No.: Vessel Name: Doc/St. Reg. No.:
New Used Date of Purchase: Purchase Price:
Any prior damage to yacht? Yes No If yes, Explain:
Hull Type: Hull Material: Weight of Vessel:

Survey - A recent marine survey may be required. Please include a copy of the survey if one is available.

Engines/Motors

Fuel Type: Engine Type:
How Many: Model Year: Eng. Mfr.: H.P.(Total): Speed:
Engine Serial No.(s) Port: Starboard:
Outdrive Serial No.(s) Port: Starboard:
Auxiliary Engine: Model Year: Mfr.: H.P.: Serial No.:

Safety Equipment

List Electronic Navigation Equipment and Other Safety Equipment (Auto Pilot, Life Rafts, etc.)
Built-in Fire Extinguishing System: Yes No Equipment:

Tender(s)

Model Year: Length: Mfr.: Serial No.: Value:
Engine Mfr.: Model Year: H.P.: Outdrive Serial No.: Date Purchased:

Trailer

Model Year: Mfr.: Date Purchased: Value: Serial No.:

Boating Experience

As an owner As an operator Boating Education: USCG USPS Captain's License : Yes No
Vessel Last Owned (Boat type & Size): Other Operators:
Primary Operator's Experience (if not owner):
Other Regular Operators (Name, DOB and experience):

Zurich Marine Specialty / 3910 Keswick Rd. / Baltimore, MD 21211-2296

Zurich Marine Specialty is a registered trade name of Foremost Express Insurance Agency, Inc. Maryland Casualty Company, and Northern Insurance Company of New York are affiliated companies.

## Loss & Insurance History

List all prior losses of each owner or operator, whether insured or not, in the past 5 years: \_\_\_\_\_

Your most recent boat insurance: \_\_\_\_\_  
Name of Insurance Company Policy expiration date Last Premium

Has any insurance of any owner or operator been cancelled, declined, non-renewed or coverage refused:  Yes  No

If yes, please explain: \_\_\_\_\_

List all automobile and/or boating accidents, violations, convictions or suspensions of privileges within the last 3 years: \_\_\_\_\_

If none, check here  If yes, submit amounts and causes: \_\_\_\_\_

## Yacht Use

Usage:  Recreational  Commercial Prof Crew #: \_\_\_\_\_ Captain:  Yes  No If Yes,  Full time  Part time

Liveaboard:  Yes  No Months: \_\_\_\_\_ Yacht used for racing?  Yes  No If yes, %: \_\_\_\_\_ Type of races: \_\_\_\_\_

Yacht transported over land?  Yes  No If so, how many miles? \_\_\_\_\_ Yacht Used for Scuba Diving?  Yes  No Times per year: \_\_\_\_\_

If yacht used for Commercial (Charter) activities, please explain: \_\_\_\_\_

## Navigation

## Mooring and Location

(1) Marina: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

(2) Marina: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Lay-up Period: \_\_\_\_\_ No. of Months: \_\_\_\_\_ Lay-up Location: \_\_\_\_\_ Bubbler System? \_\_\_\_\_

## Lienholder

Loss Payee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Additional Insured

Additional Insured: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Insurance Coverages Desired Blank Space Equals "0"

	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	
Hull and Machinery	\$ _____	_____	% of Insured Hull Value: _____
Protection and Indemnity	\$ _____	_____	
Medical Payments	\$ _____	_____	
Personal Effects	\$ _____	_____	
Towing and Assistance	\$ _____	_____	
Trailer	\$ _____	_____	
Tender	\$ _____	_____	
Uninsured Watercraft	\$ _____	_____	
Other	\$ _____	_____	

**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 CIVIL DAMAGES.**

- I agree that the Company may investigate and secure motor vehicle records for persons listed on this application.
- I declare the statements contained on this application are true to the best of my knowledge and belief. The selections indicated on this application accurately reflect the limits, coverages and deductible I desire.
- In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

\_\_\_\_\_  
Applicant Signature & Date Signed

\_\_\_\_\_  
Applicant Signature & Date Signed

My (the producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis that the information is anything but truthful.

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date Signed