

# APPLICATION FOR YACHT CLUB INSURANCE

AGENT NAME: \_\_\_\_\_ PRODUCER CODE: \_\_\_\_\_  
 NAME OF YACHT CLUB: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 LOCATION ADDRESS: \_\_\_\_\_  
 PERSON TO CONTACT FOR INSPECTION: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_  
 TOTAL NUMBER OF MEMBERS: \_\_\_\_\_ NUMBER OF YEARS IN OPERATION: \_\_\_\_\_  
 PRESENT CARRIER: \_\_\_\_\_  
 CURRENT POLICY PERIOD: \_\_\_\_\_

**GENERAL INFORMATION**

TYPES OF ACTIVITIES AVAILABLE TO MEMBERS:

ON PREMISES: \_\_\_\_\_  
 \_\_\_\_\_  
 OFF PREMISES: \_\_\_\_\_  
 \_\_\_\_\_

TYPES OF ACTIVITIES AVAILABLE TO NON-MEMBERS:

ON PREMISES: \_\_\_\_\_  
 OFF PREMISES: \_\_\_\_\_

INDIVIDUAL RESPONSIBLE FOR DAY-TO-DAY CLUB ACTIVITIES: \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS EXPERIENCE \_\_\_\_\_

ARE THERE FACILITIES FOR HAULING AND LAUNCHING BOATS? \_\_\_\_\_

DESCRIBE EQUIPMENT AND CAPACITY: \_\_\_\_\_  
 \_\_\_\_\_

IS THERE A REGULAR PROGRAM FOR MAINTENANCE OF EQUIPMENT ON PREMISES? \_\_\_\_\_

PERFORMED BY WHOM \_\_\_\_\_ DESCRIBE \_\_\_\_\_

DESCRIBE THE RACING ACTIVITY OF THE CLUB. \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE THE SECURITY PROTECTION OF THE CLUB. \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE THE TYPE OF FIRE PROTECTION. \_\_\_\_\_  
 \_\_\_\_\_

3-YEAR LOSS EXPERIENCE: PAID AND UNPAID

DATE	CAUSE OF LOSS	AMOUNT OF LOSS	CARRIER

**BAILEE COVERAGE**

BAILEE COVERAGE, EXCLUDING STORAGE ASHORE:

Amount of Insurance: Any one boat: \_\_\_\_\_  
Any one accident: \_\_\_\_\_  
How many slips are available for afloat use? \_\_\_\_\_  
How many mooring buoys are available for use? \_\_\_\_\_  
How often are mooring buoys pulled and inspected? \_\_\_\_\_  
How many side ties are available for use? \_\_\_\_\_  
Capacity of guests docks: (Number of Vessels) \_\_\_\_\_  
Average value of boats moored: \$ \_\_\_\_\_  
Number of boats stored/moored: \_\_\_\_\_  
Average Values \$ \_\_\_\_\_ PML % \_\_\_\_\_  
Any repair, alteration or maintenance work done on boats? \_\_\_\_\_ Describe: \_\_\_\_\_

Maximum Values \$ \_\_\_\_\_  
Any fuel oil sales? \_\_\_\_\_ Describe location of fueling facilities and fueling procedure.

Is dock space provided under a lease or rental agreement? \_\_\_\_\_

BAILEE COVERAGE, FOR STORAGE ASHORE:

Amount of Insurance: Any one boat: \_\_\_\_\_  
Any one accident: \_\_\_\_\_  
Number of boats stored in buildings: \_\_\_\_\_  
Average value of boats stored in buildings: \$ \_\_\_\_\_  
Number of boats stored in the open: \_\_\_\_\_  
Average Values \$ \_\_\_\_\_ PML% \_\_\_\_\_  
Are dry storage of boats stored outside protected by a fence? \_\_\_\_\_  
Are they stored allowing for adequate fire lanes? \_\_\_\_\_  
Number of boats stored in rack storage areas: \_\_\_\_\_  
Average values \$ \_\_\_\_\_ PML% \_\_\_\_\_  
List any type of alarm systems or watchman service or any other risk protection devices  
in effect at the yacht club \_\_\_\_\_  
Give age, description and construction of buildings used for storage.

Are the buildings sprinklered? \_\_\_\_\_

BAILEE COVERAGE, GROSS RECEIPTS (ANNUAL):

Gross Receipts:	Repairs, Alterations & Maintenance	\$	_____
Gross Receipts:	Storage Afloat	\$	_____
Gross Receipts:	Fuel and oil Sales	\$	_____
Gross Receipts:	Moorings	\$	_____
Gross Receipts:	Hauling and Launching	\$	_____
Gross Receipts:	Storage Ashore	\$	_____

PROTECTION & INDEMNITY (LIABILITY FOR NON-SCHEDULED BOATS)

Amount of insurance: Any One Accident: \$ \_\_\_\_\_

**SCHEDULE OF BOATS**

Vessel # _____	Yr. Built	Manufacturer	Length	Model Name/Type	Yacht Name	Serial Number	
	Construction	Purchased Price	Date Purchased (mm/yy)	No. of Engines	Horsepower Each	Manufacturer	Maximum Speed
	_____ Outboard Motor		_____ I/O	_____ Inboard	FUEL:	_____ Gas	_____ Diesel
	Lay-up Period	Waters to be Navigated _____					
	Use of Boat	Regular Operator _____					
Name of Owner (if other than above)				Loss Payee			

**COVERAGE PROVIDED:**

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
A	Property Damage	\$ _____	\$ _____	\$ _____
B	Liability Coverage	\$ _____	\$ _____	\$ _____
C	Medical payments	\$ _____	\$ _____	\$ _____
D	Uninsured Boater	\$ _____	\$ _____	\$ _____

Vessel # _____	Yr. Built	Manufacturer	Length	Model Name/Type	Yacht Name	Serial Number	
	Construction	Purchased Price	Date Purchased (mm/yy)	No. of Engines	Horsepower Each	Manufacturer	Maximum Speed
	_____ Outboard Motor		_____ I/O	_____ Inboard	FUEL:	_____ Gas	_____ Diesel
	Lay-up Period	Waters to be Navigated _____					
	Use of Boat	Regular Operator _____					
Name of Owner (if other than above)				Loss Payee			

**COVERAGE PROVIDED:**

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
A	Property Damage	\$ _____	\$ _____	\$ _____
B	Liability Coverage	\$ _____	\$ _____	\$ _____
C	Medical payments	\$ _____	\$ _____	\$ _____
D	Uninsured Boater	\$ _____	\$ _____	\$ _____

SCHEDULE OF BOATS (Continued)

Vessel # _____	Yr. Built	Manufacturer	Length	Model Name/Type	Yacht Name	Serial Number	
	Construction	Purchased Price	Date Purchased (mm/yy)	No. of Engines	Horsepower Each	Manufacturer	Maximum Speed
	_____ Outboard Motor		_____ I/O	_____ Inboard	FUEL: _____ Gas _____ Diesel		
	Lay-up Period _____			Waters to be Navigated _____			
	Use of Boat _____			Regular Operator _____			
Name of Owner (if other than above) _____				Loss Payee _____			

**COVERAGE PROVIDED:**

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
A	Property Damage	\$ _____	\$ _____	\$ _____
B	Liability Coverage	\$ _____	\$ _____	\$ _____
C	Medical payments	\$ _____	\$ _____	\$ _____
D	Uninsured Boater	\$ _____	\$ _____	\$ _____

**SUPPLEMENTAL COVERAGE INFORMATION**

SAIL TRAINING

Types of boats to be used for training: \_\_\_\_\_

Are instructors certified? \_\_\_\_\_ By whom? \_\_\_\_\_

Date of certification: \_\_\_\_\_

Is the instructor qualified to instruct on the vessels to be used in training? \_\_\_\_\_

CHARTER COVERAGE

Is the charter agent approved in writing by ACE? \_\_\_\_\_

Has a written charter agreement been signed by all parties to the contract? \_\_\_\_\_

Has the chartering party successfully completed an on the water checkout as appropriate for the size and type of vessel to be chartered?

\_\_\_\_\_  
Has the club obtained a valid driver's license and credit card from the charterer? \_\_\_\_\_

Has the charterer provided complete information with the charter agreement including name, address, employer and one bank reference?

Other (Describe)

**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:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

**Applicant's Statement:** I certify that the information on this application to the best of my knowledge is correct and complete. I have read or had read to me the completed application. I realize that any material misstatement or misrepresentation in the application may result in loss of coverage. I understand this information is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the company to accept the risk. I understand and agree that the company may obtain from third parties information regarding me, my business, and employees, including driving records, financial credit information and prior claims information. 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 that if insurance is offered and accepted by me that the information and documentation provided by me and which served as the basis for this application for insurance will become part of the policy that is issued.

**APPLICANT – PLEASE READ THE CONSUMER INFORMATION ON THIS PAGE THEN SIGN AND DATE BELOW**

DATE	SIGNATURE OF APPLICANT
SIGNATURE OF AGENT	

Applicant Name: \_\_\_\_\_

Producer Name: \_\_\_\_\_

*This is not a Binder*

**PIERS and DOCKS SECTION**

Loss Payee: Any loss is payable as interest may appear to the Policy Holder and:  
  
Mortgage Name and Address:

How many miles to nearest fire station \_\_\_\_\_ Miles  Paid  Volunteer

Watchman service provided:  Yes  No If Yes, explain type of service

Firefighting equipment on premises:  Yes  No If Yes, explain type of equipment

Are any of the Piers/Docks removed for winter?  Yes  No If Yes, state which Pier/Dock and where they are stored:

If Seasonal Operations, State From (MM/DD/YY): \_\_\_\_\_ To (MM/DD/YY): \_\_\_\_\_

When were Pilings last inspected? \_\_\_\_\_ When were Pilings last replaced? \_\_\_\_\_

Please provide a brief description of Maintenance Program:

**\*Sketch or Diagram must be attached to this application.**

Item #	Description of Dock/Pier	Year Built	Type of Construction	Covered	Fixed or Floating	Value Per Section
1.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						