

# **Continental Underwriters, Ltd.**

2235 North Highway 190 – PO Box 2070 – Covington, LA 70434

Covington: 985-898-5300

Fax: 985-898-5324

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## **YACHT POLICY APPLICATION**

### **1. GENERAL INFORMATION**

A. Full Name of Registered Owner: \_\_\_\_\_

B. Occupation: \_\_\_\_\_

C. Driver's License Number: \_\_\_\_\_

D. Home Address: \_\_\_\_\_

Street City State Zip

E. Mailing Address (If Different): \_\_\_\_\_

Street City State Zip

F. Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

### **2. HULL**

A. Name of Vessel: \_\_\_\_\_

B. Year Built: \_\_\_\_\_

C. Registration Document Number: \_\_\_\_\_

D. Hull Identification Number: \_\_\_\_\_

E. Manufacturer: \_\_\_\_\_

F. Model Number: \_\_\_\_\_

G. Length: \_\_\_\_\_ Feet

H. Purchase Date: \_\_\_\_\_

I. Purchase Price: \_\_\_\_\_

J. Mooring Location: \_\_\_\_\_

K. Lay Up Location: \_\_\_\_\_

L. Lay Up Dates: \_\_\_\_\_

M. Lay Up: \_\_\_\_\_ Ashore \_\_\_\_\_ Afloat

N. Waters Navigated: \_\_\_\_\_



**7. BOATING EXPERIENCE**

- A. Years As Owner: \_\_\_\_\_
- B. Years As Crew: \_\_\_\_\_
- C. Vessels Owned In Past 5 Years: \_\_\_\_\_
- D. Applicant Has Completed or Is A Member Of:  
\_\_\_\_ USCG          \_\_\_\_ USPS          \_\_\_\_ Power Squadron  
\_\_\_\_ Captain's License

**8. OWNER'S BOATING LOSS EXPERIENCE—Last 5 Years**

Description of Incident:	Date:	Amount of Loss:
_____	_____	_____

**9. OWNER'S VEHICLE LOSS EXPERIENCE—Last 3 Years**

Description of Incident:	Date:	Amount of Loss:
_____	_____	_____
_____	_____	_____

**10. COVERAGE REQUESTED**

- A. Effective Date: \_\_\_\_\_
- B. Hull & Machinery: \$ \_\_\_\_\_
- C. P & I Limit: \$ \_\_\_\_\_
- D. Personal Effects: \$ \_\_\_\_\_
- E. Trailer: \$ \_\_\_\_\_
- F. Tenders: \$ \_\_\_\_\_
- G. Captain/Crew Coverage: YES/NO
- H. Chartering: YES/NO
- I. Number of Charters/Year: \_\_\_\_\_
- J. Captain's Name: \_\_\_\_\_
- K. Terrorism Insurance: YES/NO

I/We hereby attest that the information provided above is complete and accurate to the best of my/our knowledge and believe, and it is our understanding, that underwriters shall rely heavily upon the information and representations provided in determining the acceptability and rates and conditions of coverage. I/We further understand that the information above is the basis of insurance, if granted, but providing such information does not obligate me to accept the insurance, nor is The Company obligated to accept the risk. Any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any. I/We also understand that this application shall be attached to and form part of the policy, should one be issued.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_