



**YACHT  
PROPOSAL FORM**

International Brokerage and Surplus Lines, Inc.

Contact information available on the internet at [www.ibsl.com](http://www.ibsl.com) or telephone 800.348.4275/863.687.2940

THE ASSURED WARRANTS THAT ALL STATEMENTS MADE IN THE PROPOSAL ARE TRUE, COMPLETE AND HAVE BEEN MADE TO INDUCE UNDERWRITERS TO ACCEPT THE RISK(S) CONTAINED IN THE POLICY, ANY MISREPRESENTATION WILL VOID THE POLICY AND FORFEIT ALL CLAIMS MADE HEREUNDER. A COPY OF THIS PROPOSAL WILL BE INCORPORATED IN THE POLICY AND FORM THE BASIS OF THE CONTRACT BETWEEN THE UNDERWRITERS AND THE ASSURED.

1. NAME AND ADDRESS OF INSURED:
2. AGE AND OCCUPATION OF INSURED:
3. DRIVER'S LICENSE NUMBER:
4. ADDITIONAL LOSS PAYEE (MORTGAGEE):
5. CHECK IF INSURED IS MEMBER OF:      COAST GUARD AUXILIARY      POWER SQUADRON
6. YEARS EXPERIENCE WITH THIS TYPE OF BOAT \_\_\_\_\_, AND YEARS TOTAL BOATING EXPERIENCE \_\_\_\_\_.
7. DESCRIPTION OF VESSEL/BOAT:

NAME OF VESSEL	HULL	REG. NO.
8. BOAT: (TYPE)      CABIN CRUISER	OPEN COCKPIT	SAILBOAT
AUXILIARY SAILBOAT	OTHER	
HULL MFTR	YEAR BUILT	HULL MATERIAL
LENGTH	BEAM	MAXIMUM SPEED
9. ENGINE(S): (TYPE)      INBOARD      OUTBOARD      INBOARD/OUTBOARD  
WATERJET      OTHER  
ENGINE MFTR      TYPE FUEL (GAS OR DIESEL)  
NO. ENGINES      HP EACH ENGINE
10. TOTAL VALUE OF BOA AND ENGINES:
11. EQUIPMENT (CHECK WHERE APPLICABLE)

BUILT-IN FIRE EXTINGUISHER SYSTEM	BURGLAR ALARM	SMOKE DETECTOR
RDF      LORAM      RADAR	SHIP/ShORE RADIO	DEPTH FINDER
12. DESCRIBE DINGHY/TENDER, AND DINGHY/TENDER VALUE:
13. LOCATION OF BOAT:
14. NAVIGATION:
15. DESCRIBE NAVIGAION LIMITS:



16. DATES LAID-UP AND OUT OF COMMISSION: FROM TO

LAID-UP AFLOAT ASHORE

LOCATION WHERE LAID-UP

17. LOSS EXPERIENCE: (GIVE DETAILED DESCRIPTION OF ALL LOSSES OR ACCIDENTS DURING PAST 3 YEARS, INCLUDING DATE, CAUSE OF LOSS, AND AMOUNT OF LOSS)

18. AMOUNT OF INSURANCE/LIMIT OF LIABILITY DESIRED:

<u>COVERAGE</u>	<u>AMOUNT/LIABILITY</u>	<u>DEDUCTIBLE</u>
HULL AND MACHINERY\$	\$	\$
LAUNCH/TENDER	\$	\$
PROTECTION AND INDEMNITY	\$	\$
MEDICAL PAYMENTS	\$	\$
PERSONAL EFFECTS	\$	\$
BOAT TRAILER	\$	\$
OTHER (DESCRIBE)	\$	\$

19. BOAT TRAILER: (TYPE) MFTR YEAR BUILT VALUE

20. IS BOAT CHARTERED TO OTHERS: YES NO IF YES, DESCRIBE:

21. ARE THERE MINOR OPERATORS: YES NO IF YES, DESCRIBE:

22. IS THERE A PAID CREW: YES NO IF YES, DESCRIBE:

23. IS INSURANCE COVERAGE REQUIRED FOR CREW: YES NO IF YES, HOW MUCH:

24. IF AVAILABLE ATTACH COPY OF MARINE SURVEY REPORT.

25. IF AVAILABLE ATTACH COPY OF CURRENT POLICY.

26. HAS INSURANCE EVER BEEN CANCELED OR DECLINED: YES NO IF YES, GIVE REASONS:

27. SPECIAL INFORMATION, INCLUDING SPECIAL INSURANCE CLAUSES DESIRED:

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE OR INSURER TO ACCEPT THE RISK, BUT IT IS AGREED THAT THE ANSWERS AND INFORMATION CONTAINED HEREIN SHALL CONSTITUTE WARRANTIES SHOULD A POLICY BE ISSUED. APPLICANT HEREIN AGREES INSURER MAY OBTAIN CREDIT, MOTOR VEHICLE OR SIMILAR REFERENCE REPORT(S).

SIGNED AT: \_\_\_\_\_,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_, BY APPLICANT: \_\_\_\_\_,

AND

APPLICANT WITNESS: \_\_\_\_\_, AGENT: \_\_\_\_\_.

LOCATION OF AGENCY: \_\_\_\_\_.