

**Red Shield Insurance Company®**

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**YACHT INSURANCE APPLICATION
RECENT SURVEY REQUIRED**

Application Dated _____

Policy No.	Proposed Effective Date From: _____ To: _____		Agent's Phone No.		Agent Code
Applicant's Name			Agent Name		
Corporate Name			Mailing Address		
Mailing Address					
Applicant's Phone No.			Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment. We will bill your insured for the payment option selected.)		
Email			Company Installment Plan requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> 8 pay <input type="checkbox"/> 10 pay (20% down payment required)		
Applicant's Occupation					
Residence Address <i>If residence is out-of-state, an Absentee Owner Questionnaire is required.</i>			Mooring Information:		
Additional Owners (not shown above)			Covered: <input type="checkbox"/> Yes <input type="checkbox"/> No Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Sprinkler(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Buoyed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Tied: <input type="checkbox"/> Yes <input type="checkbox"/> No		
1)		% Own	Relation	Name of Moorage	
2)				Moorage A/I?	
3)				Address (Street)	
				Slip Number	
				City, State, Zip	

LOSS PAYEE INFORMATION

Name
Complete Address
Loan No.

YACHT INFORMATION

Name		Builder	Model	YR Built	Length	Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Ferro / Cement <input type="checkbox"/> Other
<input type="checkbox"/> Power <input type="checkbox"/> Sail	Engine Make & Model		YR Mfg'd	Horsepower	Twin: <input type="checkbox"/> Y <input type="checkbox"/> N	
Propulsion	Max Speed	Purchase Price	Purchase Date	Current Market Value		
Registration No.			Hull Identification No.			

EQUIPMENT ON BOARD YOUR YACHT

<input type="checkbox"/> Ship's Computer	<input type="checkbox"/> VHF	Galley Fuel	Space Heating Fuel	Fire Extinguishers: How Many? Last Tagged
<input type="checkbox"/> Depth Finder	<input type="checkbox"/> Radar			
<input type="checkbox"/> Auto Pilot	<input type="checkbox"/> GPS			
<input type="checkbox"/> Chart Plotter (MFD)	<input type="checkbox"/> Other			

TENDERS(S)

Tenders 13.1' - 16', and/or 35hp - 60hp, and/or over \$15,000 in value must be scheduled for a separate agreed value limit with an additional premium

Year	Make	Length	Value	Make of Motor	YR Mfg'd	HP	Value

COVERAGES DESIRED

GENERAL INFORMATION

Coverages	Limit	Deductible	Premium	Intended Use of Vessel:	
A. Property Value (Hull)				<input type="checkbox"/> Pleasure	<input type="checkbox"/> Commercial
Personal Effects				<input type="checkbox"/> Social Media	<input type="checkbox"/> Charter
Included Tender				Vessel for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Live aboard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Towing				Lay-up Warranty:	
B. Liability				From:	To:
C. Pollution				Ashore Location:	
D. Medical Payments				Navigation Limits:	
E. Uninsured Boater				<input type="checkbox"/> Salish Sea	<input type="checkbox"/> Salish/W Vanc
F. USL&H WC	Statutory Limits			<input type="checkbox"/> Columbia River	<input type="checkbox"/> Ptld/W Vanc
				<input type="checkbox"/> Columbia +25	<input type="checkbox"/> Ptld/W Vanc/SE AK
				<input type="checkbox"/> Salish Sea to Ptld	<input type="checkbox"/> Salish/W Vanc/SE AK
				<input type="checkbox"/> Salish Sea/SE AK	<input type="checkbox"/> Navalore
				<input type="checkbox"/> Portland/SE AK	<input type="checkbox"/>
				Survey Available: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Copy	
				Recommendations complied with? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNER(S) EXPERIENCE

Applicant/Additional Owner	Builder	Model	Length	No. of Years Owned

Operator Name	DOB MMDD/YYYY	No. of Violations		Yrs Exp.	Relation to Applicant	Boating Courses Completed				
		# DUII	# BUI			<input type="checkbox"/> State Boating Card	<input type="checkbox"/> US CG LIC	<input type="checkbox"/> US CG Aux	<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> ASA
						<input type="checkbox"/> State Boating Card	<input type="checkbox"/> US CG LIC	<input type="checkbox"/> US CG Aux	<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> ASA
						<input type="checkbox"/> State Boating Card	<input type="checkbox"/> US CG LIC	<input type="checkbox"/> US CG Aux	<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> ASA
						<input type="checkbox"/> State Boating Card	<input type="checkbox"/> US CG LIC	<input type="checkbox"/> US CG Aux	<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> ASA
						<input type="checkbox"/> State Boating Card	<input type="checkbox"/> US CG LIC	<input type="checkbox"/> US CG Aux	<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> ASA

PRIOR AND CURRENT INSURANCE COMPANY INFORMATION

Type of Coverage	Insurance Company	From	To	Premium

Has any insurance company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No
 If Yes, explain:

Explain any periods when insurance was not in place:

PRIOR LOSS INFORMATION

Have you or the vessel you want to insure sustained any Losses or made any insurance claims? Yes No

(Include information for all claims, losses and casualties of all kinds and nature.) List by most recent.

Date of Loss	Insurance Company	Loss Amount	Vessel Value	Current/Prior	Open/Closed	Description of Loss

ADDITIONAL REMARKS

Applicable in WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in OR: Any person who knowingly and with intent to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

Please note that the coverage you are applying for has payment requirements which must be met before coverage will take effect. If payment is not received, or the instrument on which payment was offered is not honored by the financial institution upon which it was drawn, coverage will be considered null and void from inception. This includes coverage provided under any oral or written binder, or other temporary insurance contract which may be issued in reliance upon payment of premium.

Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.

APPLICANT'S SIGNATURE _____ Date _____

Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____