



Red Shield Insurance Company®
 1411 SW Morrison St, Ste 400
 Portland, OR 97205-1945
 800-527-7397 • FAX 800-742-5176

YACHT INSURANCE APPLICATION
RECENT SURVEY REQUIRED

Policy No.	Proposed Effective Date From: To:	Agent's Phone No.	Agent Code
Applicant's Name		Agent Name	
Mailing Address		Mailing Address	
Applicant's Phone No. Work: Home:		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
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		Mooring Information:	
Residence address (if different than mailing address) :		Covered: <input type="checkbox"/> Yes <input type="checkbox"/> No Watchman: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <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	
	Pct Ownership %	Name of Moorage	Slip Number
Additional Owners (not shown above)	Pct Ownership %	Address (Street) (City, State, Zip)	

ALL ADDITIONAL INTERESTS / ALL LOSS PAYEE(S) INFORMATION

Name & complete address: <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured	Name & complete address: <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured
Loan #:	Loan #:

YACHT INFORMATION

Name	Builder	Model	Yr Built	Length	Hull Material: <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Other
<input type="checkbox"/> Power <input type="checkbox"/> Sail	Engine Make & Model		Yr Mfg'd	Fuel	
Horsepower	Twin <input type="checkbox"/> Y <input type="checkbox"/> N	Max Speed	Registration #	Hull Identification No.	
Purchase Price \$	Purchase Date (MM/YY)	Current Market Value \$	Fire Suppression System If Yes, <input type="checkbox"/> Automatic or <input type="checkbox"/> Manual	Is Boat For Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EQUIPMENT ON BOARD YOUR YACHT

<input type="checkbox"/> Ship's Computer <input type="checkbox"/> Depth Finder <input type="checkbox"/> Other	<input type="checkbox"/> Auto Pilot <input type="checkbox"/> GPS	<input type="checkbox"/> VHF <input type="checkbox"/> Radar	Galley Fuel	Space Heating Fuel	Fire Extinguishers How Many? Last Tagged
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GENERATOR INFORMATION

Engine Make & Model	Year Manufactured	Fuel
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TENDER(S)

YEAR	MAKE	LENGTH	VALUE	MAKE OF MOTOR	YR MFG'D	HP	VALUE
			\$				\$
			\$				\$
			\$				\$

COVERAGES DESIRED

GENERAL INFORMATION

COVERAGES	LIMIT	DEDUCTIBLE	PREMIUM (For Company Use Only)	Will yacht be used for other than private pleasure? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Property (Hull) Value	\$	\$		<i>If Yes, explain:</i>
Tender	\$	\$		Live aboard? <input type="checkbox"/> Yes <input type="checkbox"/> No
O/B Motor	\$	\$		Lay-up Warranty: (mm/dd/yy)
Personal Effects	\$	\$		From: To:
Towing	\$ 2,500	\$	INCL	Ashore location:
B. Liability	\$	\$		Afloat location:
Pollution	\$	\$	INCL	Navigation Limits: <input type="checkbox"/> Puget Sound <input type="checkbox"/> Columbia River <input type="checkbox"/> San Francisco Bay <input type="checkbox"/> Other
C. Medical Payments	\$5,000 / \$	\$	INCL	Survey Available: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach copy</i>
D. Uninsured Boater	\$	\$		Recommendations complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$		Inspection Contact:
	\$	\$		Phone #:

OPERATOR INFORMATION (Provide complete information for all operators, including any captains and crew)

NAME	(1) DOB	(3) DATE BOAT SAFETY COURSE COMPLETED	(5) TOTAL YEARS EXPERIENCE	(7) DRIVER'S LICENSE #
	(2) RELATION TO APPLICANT	(4) MEMBER OF AUX / POWER SQUAD?	(6) VIOLATIONS	(8) STATE LICENSE #
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				
	(1)	(3)	(5)	(7)
	(2)	(4) <input type="checkbox"/> Yes <input type="checkbox"/> No	(6)	(8)
Title & Date of Additional Boating Courses:				

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

DATE OF LOSS	INSURANCE COMPANY	LOSS AMOUNT	OPEN/CLOSED	DESCRIPTION OF LOSS
		\$		
		\$		

PRIOR BOATS OWNED

MAKE	MODEL	LENGTH	POWER OR SAIL	YEAR MFG.	# OF YEARS OWNED

ADDITIONAL REMARKS

Applicable in Washington: 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 Oregon: 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.

Applicable in CA, ID & UT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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 _____