



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	
			Pct Ownership %	
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)		
Applicant's Occupation	Applicant's Social Security #		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)	
Residence address (if different than mailing address):			Mooring Information:	
			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"/> Yes <input type="checkbox"/> No	Max Speed	Registration#	Hull Identification No.	
Purchase Price	Purchase Date (MM/YY)	Current Market Value	Fire Suppression System <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Ships Computer <input type="checkbox"/> Auto Pilot <input type="checkbox"/> VHF <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder <input type="checkbox"/> Radar <input type="checkbox"/> Other	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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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

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

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.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____