Yacht Insurance Quote Request

Superyacht Insurance GROUP | TRUEBlue Cover

840 NE 20th Avenue,
Fort Lauderdale, FL 33304

E. Maria Karlsson
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NAMED INSURED INFORMATION

Titled Name _____ Beneficial Owner _____

Date of Birth _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

Work _____ Cell _____ Home _____ Fax _____

Email _____ What Months/Dates are you not with the vessel _____

Years Boating Experience _____ Years Boat Ownership _____ Waters Previously Navigated _____

Prior Vessels Owned _____

Losses, insured or not, last 10 years No ____ Yes ____ If Yes, Describe _____

Ever Declined, Cancelled or Non-Renewed Last 10 Years? No Yes If Yes, Describe _____

Current Carrier _____ Renewal Date _____ Homeowner Carrier _____

VESSEL INFORMATION

Year _____ Length _____ MFG/Model _____ Name _____

M/Y ____ S/V ____ C/C ____ Other _____ If S/V, any Racing – Club or otherwise, please explain _____

Construction Fiberglass ____ Aluminum/Steel ____ Cold Molded ____ Composite ____ Wood ____ Gross Tons _____

No. of Engines ____ MFG _____ Type: I/B ____ O/B ____ I/O ____ Diesel ____ Gas ____ H/P Each _____

Arneson and/or Surface Drives - Yes _____ No _____ Registered State _____ OR Hailing Port if Documented _____

Date Purchased _____ New ___ Used ___ Purchase Price $ _____ Top Speed _____ MPH ____ Knots ____

Summer Mooring 6/1 – 11/15 _____ Rack Storage: Y/ N Inside / Outside

Winter Mooring 11/16 – 5/31 _____ Rack Storage: Y/N Inside / Outside

Vessel Use Pleasure ____ Charter ____ If Charter, No. Charters ____ No. Passenger ____ Type of Charter _____

Tender Year _____ Length _____ Tender MFG _____ Engine MFG _____ Horsepower _____

Paid Capt F/T _____ P/T _____ Paid Crew F/T _____ P/T _____ Tender Towed No ____ Yes ____ Bridle No ____ Yes ____

Vessel Lay Up No ____ Yes ____ If Yes, Afloat _____ Ashore _____ Lay Up Dates _____

Survey No ____ Yes ____ Afloat ____ Ashore ____ Date _____ Recs Complied With No _____ Yes ____

Navigation Area Requested _____

LIMITS REQUESTED

Hull & Machinery $ _____ Fishing Equipment $ _____ Crew Medical No _____ Yes _____

Deductible $ _____ Trailer $ _____ War No _____ Yes _____

Liability $ _____ PWC $ _____ Used Independently? WQIS No _____ Yes _____

Tender & Motor $ _____ BOW $ _____ Referred By _____

Personal Effects $ _____ Loan Amount $ _____ Date _____

Comments _____

_____

09/12/14