## **Yacht Insurance Quote Request**



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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 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 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 \$
Liability \$ PWC \$ Used Independently? WQIS No Yes
Tender & Motor \$ BOW \$ Referred By
Personal Effects \$ Loan Amount \$ Date
Comments