



# Questionnaire For Yacht Insurance

**Owner**

Owner(s): \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Loss Payee: \_\_\_\_\_

**Vessel Description**

Vessel Type	Identification	Construction	Appliances	Vessel Equipment
<input type="checkbox"/> Sailboat <input type="checkbox"/> Multi-Hull <input type="checkbox"/> Open Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Fabric <input type="checkbox"/> Other: _____	Name: _____ Reg. #: _____ Manufacturer: _____ Model: _____ Year Built: _____ Length Overall: _____ Max. Speed ____ mph	<input type="checkbox"/> Fibreglass <input type="checkbox"/> F/G Over Plywood <input type="checkbox"/> Plywood <input type="checkbox"/> Wood Plank <input type="checkbox"/> Aluminum <input type="checkbox"/> Other: _____	<input type="checkbox"/> Stove Fuel: _____ <input type="checkbox"/> Heater Fuel: _____ <input type="checkbox"/> Fridge Fuel: _____ <input type="checkbox"/> Barbeque Fuel: _____ If any propane appliances, Is there: <input type="checkbox"/> Pilot Light? <input type="checkbox"/> Auto Shut-off? <input type="checkbox"/> Gas Sniffer? <input type="checkbox"/> Carbon Monoxide?	<input type="checkbox"/> Automatic Fire System <input type="checkbox"/> Automatic Bilge Pump <input type="checkbox"/> VHF Radio <input type="checkbox"/> GPS / Loran / SATNAV <input type="checkbox"/> Radar <input type="checkbox"/> Depth Sounder <input type="checkbox"/> Auto Pilot <input type="checkbox"/> Security System <input type="checkbox"/> Laptop <input type="checkbox"/> Other: _____

**Main Engines**

Type	Number	Year	Manufacturer & Type	HP	Prof. Rebuilt? Yr.	Fuel
Main						
Generator						

**Other Equipment to be Insured**

Item	Year	Manufacturer / Construction	Description	Value to Insured
Tender / Dinghy				\$
Motor for Dinghy				\$
Other Outboard Motor				\$
Trailer				\$
Boathouse				\$

Date Purchased: \_\_\_\_\_ Purchased From: \_\_\_\_\_

Date of Survey: \_\_\_\_\_ Market Value: \$ \_\_\_\_\_ Replacement Value: \$ \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Surveyor: \_\_\_\_\_

**Vessel Use**

**Use of both primary vessel and dinghy/tender**

Personal Pleasure use only?	<input type="checkbox"/>	If use other than Personal Pleasure; including Charter, Commercial, Transportation, please describe: _____ _____ _____
Live Aboard?	<input type="checkbox"/>	
Water Skiing?	<input type="checkbox"/>	
Tubing or other towing activity?	<input type="checkbox"/>	
Sailboat Racing?	<input type="checkbox"/>	

Member of which Yacht Club: \_\_\_\_\_

Moorage Location (Specify Marina, Location): \_\_\_\_\_ Land Storage Location: \_\_\_\_\_

Stored on a Trailer?  Yes  No      Stored in a Boathouse?  Yes  No      Security for Boathouse/Trailer: \_\_\_\_\_

Navigating Area: \_\_\_\_\_

**Owner(s) Experience**

Name	Years Owned	Years Operator	Vessel Size	Boating Education (Power Squadron, Operator Proficiency Card, Other)

Have any Owner(s) or Operator(s) had any losses or marine related incidents in the past 5 years?  Yes  No (if Yes provide details)

Will there be any operators under 18 years of age?  Yes  No      Has Insurance ever been cancelled?  Yes  No

Previous Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_