

YACHT APPLICATION (NEW & RENEWAL)

INSUREDS NAME	EFFECTIVE DATE:	Blue Water Insurance 1016 Clemons Street # 404 Jupiter, FL 33477
ADDRESS:	LIENHOLDER INFORMATION: (name & address)	
CITY COUNTY STATE ZIP	PHONE FAX CELL/ BUSINESS	
VESSEL NAME:	EMAIL ADDRESS:	
DATE VESSEL LAST SURVEYED:	INSURED'S OCCUPATION:	

COVERAGES	SUM INSURED	General Information (yes/no/#)	Coast Guard Course
HULL & MACHINERY	\$	Age of Rigging?	Power Squadron Course
TENDER/DINGHY	\$	Is boat chartered with Capt?	Sailing School
LIABILITY	\$	Chartered without Capt.?	Any hired or paid crew?
MEDICAL	\$	Is Boat used for racing?	Any fare paying passengers?
UNINSURED BOATER	\$	Is boat used commercially or for business purposes?	Is boat for sale now or will it be during the next 12 months?
PERSONAL PROPER	\$	Experience	Do you live aboard?
TOWING	0	Years of Experience?	WAS ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?
HIRED/PAID CREW		How many cumulative years of boat ownership?	

VESSEL INFORMATION

YEAR	LENGTH	DATE PURCHASED	PURCHASE PRICE	FUEL	HULL MATERIAL	SPEED	HULL #
MFG:	MODEL:	REG or DOC #	ENGINE MAKE AND HP:				
Vessel is a Mono Hull, Catamaran or Trimaran				IS MAST OR BOOM CARBON FIBER?			

NAVIGATION AREA, A SEPARATE ITINERARY IS REQUIRED IF VESSEL IS OR GOING OUTSIDE OF CONTINTIAL USA.

TENDER AND OUTBOARD MOTOR INFORMATION

	YEAR	MANUFACTURER /MODEL	HP or Length	SERIAL NUMBER.	FUEL TYPE	DATE OF PURCHASE	PURCHASE PRICE	PRESENT VALUE
Outboard								
Tender								

LIST THE PRINCIPAL OPERATORS (TWO MINIMUM) **CREW RESUMES REQUIRED IF NAVIGATING OUTSIDE OF USA WATERS**

	NAME	DATE OF BIRTH	AUTO DRIVERS LICENSE #	STATE	SOCIAL SECURITY
1					
2					
WAS OPERATOR/OWNER INVOLVED IN A MARINE LOSS/CLAIM IN PAST 10 YEARS (INSURED OR NOT)? IF YES PROVIDE FULL DETAILS:					

ABSENTTE OWNER or LAY UP DETAILS AND INFORMATION

Absentte Owner and/or Lay up mean any period of more than 20 consecutive days where you have not been in attendance aboard the insured boat. Your insurance policy may have lay up exclusions/restrictions; refer to the policy wording for details. The boat may be laid up ashore or afloat. **LAI D UP:** ASHORE- A FLOAT **DATE LAID UP FROM:** _____ **DATE YOU WILL PLACE BACK INTO SERVICE:** _____

LAY UP INFORMATION--ANSWER YES, NO OR PROVIDE APPROPRATE INFORMATION

Absentee owner is an owner keeping the insured boat at a location where the owner or his/her caretaker is not present for a period of 20 days or longer. Does this description apply to you?
Do you have a caretaker who has access or ability to operate the boat in your absence? If yes provide resume and details.
Is there a written service agreement? If yes, provide details or copy of agreement and indicate if service provider is insured?
What is the name and address of your caretaker?
Is the caretaker paid for his services?
What are the duties of your caretaker?
If laid up ashore or afloat have you removed all windage i.e.: sails-dodgers-canvas-deck gear?
Name and contact information for the Marina / Boat Yard Location (complete address) where boat is stored (laid up afloat or ashore) docked or moored also include name in the itinerary below.

REMARKS AND/OR ITINERARY

IMPORTANT: If your boat is going to be in Florida, the Gulf States or outside the USA, you must include an itinerary stating month and location of the vessel

January 20__	July 20__
February 20__	August 20__
March 20__	September 20__
April 20__	October 20__
May 20__	November 20__
June 20__	December 20__
Comments/remarks (use separate page if required)	

DO YOU WANT TO USE A CREDIT CARD FOR PAYMENT? IF YES PROVIDE NUMBER AND EXPIRATION DATE	
Card Type and Number?	Exp Date:

IMPORTANT PLEASE READ BEFORE SIGNING

THIS APPLICATION SHALL BE INCORPORATED IN ITS ENTIRETY INTO ANY POLICY OF INSURANCE ISSUED TO YOU. ANY MISREPRESENTATION IN THIS APPLICATION SHALL AUTOMATICALLY RENDER YOUR INSURANCE COVERAGE NULL AND VOID FROM INCEPTION. PLEASE THEREFORE CHECK TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN FULLY ANSWERED AND THAT ALL RELEVANT FACTS HAVE BEEN DISCLOSED. THIS APPLICATION CONSTITUTES THE COMPLETE AND EXCLUSIVE STATEMENT BY YOU CONCERNING THE SUBJECT MATTER HEREOF, AND SUPERSEDES ALL PRIOR COMMUNICATIONS AND UNDERSTANDINGS, WRITTEN AND ORAL, WITH RESPECT TO THE SUBJECT MATTER HEREOF. IF YOU NEED TO SUPPLEMENT YOUR APPLICATION, YOU MUST DO SO IN WRITING ON A SUPPLEMENTAL APPLICATION. YOU AGREE TO INDEMNIFY AND HOLD BLUE WATER INSURANCE, INC., ITS OFFICERS AND/OR EMPLOYEES HARMLESS FROM ANY ERROR OR OMISSION RELATING TO THIS APPLICATION AND ALL SUPPLEMENTAL CHANGES, YOUR INSURANCE POLICY AND/OR ANY RELATED CLAIMS OR ACTIVITIES ASSOCIATED WITH THIS APPLICATION OR YOUR INSURANCE POLICY. SINGLE-HANDED NAVIGATION IS NOT ALLOWED UNLESS YOUR POLICY HAS BEEN SPECIFICALLY ENDORSED FOR SUCH ACTIVITY. THE NORMAL PROCEDURE USED BY THE COMPANY TO EVALUATE APPLICATIONS MAY INCLUDE OBTAINING A CONSUMER CREDIT REPORT. THIS APPLICATION SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH FLORIDA LAW, WITHOUT REGARD TO PRINCIPLES OF CONFLICTS OF LAW. YOU HEREBY CONSENT TO THE EXCLUSIVE JURISDICTION OF THE STATE AND FEDERAL COURTS LOCATED IN PALM BEACH COUNTY, FLORIDA FOR THE RESOLUTION OF ANY DISPUTE ARISING OUT OF OR BASED UPON THIS APPLICATION.

BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE AND CERTIFY THAT I UNDERSTAND AND AGREE TO THE ABOVE.

Applicant Signature: _____	Date: _____
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EAST COAST OFFICE
1016 Clemons St. Suite 200
Jupiter, Fl. 33477
800-866 8906
561-743 3442
Fax 561-743 8751



Letter of Compliance of Marine Survey Recommendations

Date:

Name:

Address:

Vessel ID:

Policy Number:

Surveyor Name: _____ Date of Survey: _____

I certify, as owner of the above vessel, that all recommendations pertaining to the integrity of the hull, machinery &/or seaworthiness of the above vessel contained within the detailed survey, have been complied with in accordance with accepted Marine Standards and Practices. Any such recommendations not yet completed, are listed below, along with the date of expected completion:

Details of Boat Yard or Repair Facility Employed:

Name of Yard:

Contact Person:

Address:

Phone:

Signed: Yacht Owner: _____ Date: _____

WARNING: Underwriters insist upon the vessel being in seaworthy condition at all times during the policy period and failure to maintain the vessel in such condition may result in voiding the policy regardless of any cause or link to any loss giving rise to a claim.