



Lloyd's Yacht Insurance Quote Request

Requested Effective Date (mm/dd/yy): _____

GENERAL INFORMATION		
Insured's full name:	Name of Vessel:	Date of Birth of all named insured(s):
Mailing address including postal code:		
Email address:	Home ph. Number:	Cell ph. Number:
Is the Vessel Owner Operated? Y <input type="checkbox"/> or N <input type="checkbox"/> If no, explain:	How many years of Boating experience: List all boating qualifications:	
Please list all lengths and manufacturers of vessels owned/operated as well as all waters navigated:		
Will there be any additional operators? Please list names/DOB/years of experience/types of vessels operated/claims:		

VESSEL INFORMATION				
Year Built:	Year Re-built if applicable:	Manufacturer:	Model:	Construction:
Registration #:		Serial #		
Hull ID:				
Flag:	Length in FT:	Port of Registry:		
Pod/Surface/Jet Drives or Non-Conventional Propulsion: Y <input type="checkbox"/> N <input type="checkbox"/>			Vessel Type:	
# Of Engines:	Horse Power:	Max Speed:	Current Market Value (In CAD funds):	
Make:	Model:			
Serial #:				
Leased <input type="checkbox"/>	Financed <input type="checkbox"/>	N/A <input type="checkbox"/>	Amount of Loan (If applicable):	
Name and address of Lienholder or Lessor:				



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Coverage & Limits	
Limit for Hull & Machinery (including Engines):	Is windstorm coverage required? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, complete supplemental hurricane plan form
Limit for Protection & Indemnity/Liability: \$1 Million <input type="checkbox"/> \$2 Million <input type="checkbox"/> Other:	Limit for Personal Effects, fine Arts aboard: Is Cargo coverage required: Y <input type="checkbox"/> N <input type="checkbox"/>
Is coverage required for a trailer? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, please provide the following:
Year: Make: Model: Length: Value:	
Serial #:	
Limit for any Tenders:	
If Tenders are used in conjunction with the vessel, please provide details:	
Limit for any personal watercraft(s):	
If PWC on board are used in conjunction with the vessel, please provide details:	
Limit for Toys/Scuba/Snorkeling equipment aboard:	Will any vessels be towed by this vessel: Y <input type="checkbox"/> N <input type="checkbox"/>
Will any vehicles or aircraft be used in conjunction with the vessel? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, this policy will not cover the liability exposures arising from ownership or rental of a motor vehicle or aircraft. Separate coverage may be necessary unless exposures are already covered by an existing personal or business policy.	

Mooring/Use/Navigation	
Mooring Type: Marina <input type="checkbox"/> Private Residence <input type="checkbox"/>	Number of months the vessel is laid up:
List navigation locations:	Will the boat be cruising south of the 35 degrees North or above 12.4 degrees North latitude between June 1 st and November 15 th ? Y <input type="checkbox"/> N <input type="checkbox"/>
Vessel Use: Pleasure <input type="checkbox"/> Charter <input type="checkbox"/>	Any Racing or Regattas: Y <input type="checkbox"/> N <input type="checkbox"/> Living aboard the vessel: Y <input type="checkbox"/> N <input type="checkbox"/>

Employed Crew and Loss History	
Any paid crew? Y <input type="checkbox"/> N <input type="checkbox"/> If yes: How many full time: Part time:	If there is a Captain, Name: DOB: Years of Experience:
List any prior losses by the Insured/Captain with dates and details:	
Has insurance for any vessel been declined, cancelled or non-renewed: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what is the reason:	
Has the vessel been surveyed: Y <input type="checkbox"/> N <input type="checkbox"/> *Survey required for all vessels over 15 years old	Have all survey requirements been complied with Y <input type="checkbox"/> N <input type="checkbox"/>