

Yacht Secure Application

Mid Century Insurance Company



FARMERS®

Policy or Reference Number	
Agent's Name	
Agent ID	Agent's Phone Number
State Code	District Code

Effective Date / / (12:01 AM)	
Billing Method <input type="checkbox"/> Standard <input type="checkbox"/> EasyPay	
EasyPay Account #	
Total Premium \$	Cash with Application (Standard Bill min. 50%) \$

Primary Owner/Named Insured

Is vessel titled in a Corporate Name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is this for tax purposes only? <input type="checkbox"/> Yes <input type="checkbox"/> No		Corporate Name (only eligible if for tax purposes)	
(If titled in Corporate Name, please supply contact person's information in the section below)					
First Name		Middle Name		Last Name	
Residence Address			City		State Zip
Mailing Address (If different than Residence)			City		State Zip
Home Phone	Work Phone	Cell Phone	License State	Driver's License Number	
Date of Birth	Social Security Number	Occupation			
Experience: # of yrs.: Length and Type of Vessel(s):					
Boating/Safety Courses: <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Auxilliary <input type="checkbox"/> Captain's License <input type="checkbox"/> Power Squadron <input type="checkbox"/> Other (explain in Comments)					

Mooring and Storage Location(s)

Primary Mooring Location: Type: <input type="checkbox"/> Owner's Residence <input type="checkbox"/> Other Public Storage Facility <input type="checkbox"/> Marina <input type="checkbox"/> Other (explain in Comments)					
Address		City		State	Zip
Marina/Berthing Location Name (If applicable)			Indicate Type of Security		County
Secondary Mooring Location: Type: <input type="checkbox"/> Owner's Residence <input type="checkbox"/> Other Public Storage Facility <input type="checkbox"/> Marina <input type="checkbox"/> Other (explain in Comments)					
Address		City		State	Zip
Marina/Berthing Location Name (If applicable)			Indicate Type of Security		County

Yacht Description Usage of Vessel: Private Pleasure Yes No Liveboard: Yes No

Hull Type: <input type="checkbox"/> Power-Mono Hull <input type="checkbox"/> Power-Multi Hull <input type="checkbox"/> Sail-Mono Hull <input type="checkbox"/> Sail-Multi Hull					
Power Type: <input type="checkbox"/> Inboard/Outdrive <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Jet <input type="checkbox"/> Outboard/Jet Drive					
Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Gas w/CO ² <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> None					
Year	Manufacturer	Model	Length FT IN		
HIN	DOC/REG Number	Vessel Name	Max Speed	Weight	Purchase Price Date of Recent Survey
Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass over wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Other (explain in Comments)					
Any existing or prior damage to vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain in Comments) Is vessel used to race? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give percentage raced) %					
Safety Equipment: <input type="checkbox"/> Central Station Monitoring System <input type="checkbox"/> Alarm System <input type="checkbox"/> Other (explain in Comments)					

Lay-up Information (If applicable)

Lay-up Period	Lay-up Dates: From: ___/___/___ To: ___/___/___ mm/dd mm/dd	<input type="checkbox"/> Ashore	<input type="checkbox"/> Afloat
Lay-up Address	City	State	Zip

Navigation Limits

Navigation Code: Amended?

Lay-up Address

Engines & Motor(s) Detail (Be sure to include Auxiliary Motors)

Motor Year	Manufacturer	Serial Number	Horsepower (per engine)	Value	Trolling Motor?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Scheduled Tender(s)

Year	Length	Manufacturer	HIN	Motor Year	Motor Mfg.	Motor Serial Number	HP	Total Value(Including Motor)

Trailer

Year	Manufacturer	VIN	Value

Coverages and Limits

Policy Deductible Options: <input type="checkbox"/> .5% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6% <input type="checkbox"/> 7% <input type="checkbox"/> 8% <input type="checkbox"/> 9% <input type="checkbox"/> 10%					Deductible Amount:				
Hull Limits (Include motors)	Hull Limit		Personal Effects Limit		Trailer Limit (\$100 Deductible)		Towing and Assistance Limit		
Protection and Indemnity Limits	Protection and Indemnity Limit		<input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/> 5,000,000						
	Uninsured Watercraft Limit		Uninsured Watercraft included at same limit as Protection and Indemnity - up to 1 million max				Medical Payments Limit:		
Optional Endorsements	Please enter any other endorsements to be attached to the policy below:								

Additional Owners/Operators Information (For owners, only list owners that are listed on the title)

Name	Date of Birth	Driver's License Number	Lic. State	Social Security Number	Own/Op	Boat Safety Course
2.					<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> CG <input type="checkbox"/> CGA <input type="checkbox"/> CL <input type="checkbox"/> PS <input type="checkbox"/> Other
	Experience: # of yrs.:		Length and Vessel Type(s):			
3.					<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> CG <input type="checkbox"/> CGA <input type="checkbox"/> CL <input type="checkbox"/> PS <input type="checkbox"/> Other
	Experience: # of yrs.:		Length and Vessel Type(s):			
4.					<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> CG <input type="checkbox"/> CGA <input type="checkbox"/> CL <input type="checkbox"/> PS <input type="checkbox"/> Other
	Experience: # of yrs.:		Length and Vessel Type(s):			

Boating/Safety Courses: CG - Coast Guard, CGA - Coast Guard Auxiliary; CL - Captain's License; PS - Power Squadron; Other (If Other, please explain in Comments.)

Accidents and Losses (Accidents are defined as an event in which the driver's actions or omissions were at least 51% of the proximate cause of the accident)

Type	Operator	Date	Description	Amount Paid
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				
<input type="checkbox"/> Accident <input type="checkbox"/> Loss				

Additional Interests

Type	Name	Address	City	State	Zip	Loan #

Interests Types: Lienholder (LH); Additional Insured/Marina (AM); Additional Insured (AI); Finance Company (FC); Fleet Management Company (FM)

Insurance History

Has any insurance of any owner or operator been cancelled, declined, non-renewed or coverage refused? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain in Comments section)			
Your most recent boat insurance:	Name of Insurance Co.	Policy Expiration Date:	Last Premium (If known):

Comments:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

1. I agree that the company may investigate and secure motor vehicle records for persons listed on this application.
2. I declare the statements contained on this application are true to the best of my knowledge and belief. The selections indicated on this application accurately reflect the limits, coverages and deductible I desire.
3. In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

Applicant Signature: _____ Date signed: _____

My (the producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis that the information is anything but truthful.

Producer Signature: _____ Date signed: _____