



ZURICH

Marine Specialty

Master Mariner Application for High Performance Insurance

Agency Name Bruce V. Schneider Producer Code 02322584 Effective Date _____

General

Owner Name(s) _____ Corporate Title Yes No
Mailing Address _____ (for tax purposes only)
City, State, Zip _____
Home Phone _____ Work Phone _____ Fax _____
Owners Social Security Number _____

Yacht Description

Model Year _____ Manufacturer/Model _____ Hull ID# _____
Hull Type Monohull (all others ineligible) Hull Material Fiberglass (all others ineligible)
Safety Equipment Auto Fire Extinguisher Depth Finder
 Vapor Detection System Compass
 Outdrive Locks VHF Radio
 Propeller Locks GPS
 Trailer Locks
Length _____ Beam _____ Weight _____ Fuel Capacity _____ Max Speed _____
Engines - I/O Outboard How Many _____ Total HP _____
Model Year _____ Manufacturer _____ Serial # _____

* Engines are warranted to be of stock configuration/horsepower. Altering or replacing engines to increase horsepower without company approval voids all coverage under the policy.

Date Purchased _____ New or Used _____ Purchase Price _____
Any existing or prior vessel damage Yes No If yes, describe _____
Trailer - Model Year _____ Manufacturer _____ Purchase Price _____
Serial # _____

Mooring and Storage Location/Winter Lay-Up

Mooring Location Name _____ City/State/Zip _____
Storage Location Name _____ City/State/Zip _____
Location is: Mooring Residence Place of Business Commercial Storage Marina
Storage Residence Place of Business Commercial Storage Marina
Vessel is laid-up between ____ / ____ / ____ and ____ / ____ / ____ # of months _____
Vessel is laid-up afloat ashore
Describe any mooring/storage security _____

Use of the Yacht

Private pleasure only Commercial or Charter Yes or No (if yes, risk is ineligible)
Is the yacht used for racing or speed contests Yes or No (if yes, risk is ineligible)
How often will yacht be trailered _____ Average distance _____
Describe vehicle used to tow yacht _____

Navigation Limits

What navigation limit is requested _____

Loss Payee Name _____
Address _____
City/State/Zip _____

Owner/Operator Information

List all operators (THIS IS A NAMED OPERATOR POLICY)

Name	Date of Birth	Drivers Lic#	State	# yrs boating experience	
				As owner	As operator
1.) _____	_____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____	_____
4.) _____	_____	_____	_____	_____	_____

Describe all tickets, convictions, and auto accidents for the above operators for the past 3 years:

Have any operators completed a boating safety course Yes No If yes, describe:

In the past years, has any operator had boat insurance cancelled, declined or a renewal refused? Yes No (not applicable in MO) If yes, explain _____

Owner only – List prior boats Owned _____

Name of previous insurance company _____

Any marine losses within the past 5 years _____ if yes, please describe _____

Name of current employer and occupation _____

Number of years @ current employer _____

Coverages requested	Premium
Hull \$ _____ Deductible <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> Other _____	\$ _____
Personal Effects \$ _____	\$ _____
Towing & Assistance \$ _____	\$ _____
Protection & Indemnity \$ _____	\$ _____
Medical Payments \$ _____	\$ _____
Trailer \$ _____	\$ _____
Uninsured Boater \$ _____	\$ _____
TOTAL	\$ _____

Payment Plans: in full / 4 pay (25% bi-monthly) / Credit Card

Applicant Statement and Signature

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I understand that if my watercraft is used for charter or commercial purposes, is used in any pre-arranged race or speed contest, is operated without a named operator on board, that their usage will void the policy and the Company will not be obligated to cover any claims that may occur.

My signature verifies that the information I provided and appears on this application is true. I understand it does not bind any insurance company or any agent to accept me as an applicant for insurance, or to provide any coverage. I understand that no binder or insurance policy issued shall be valid without my signature on this application. I understand that omitting, misrepresenting, concealing or falsely stating information shall constitute fraud. Fraud on my part may void coverage or may be the basis upon which the insuring company may deny a future claim. Fraud is a criminal act. My signature signifies that I understand, accept and agree to that condition.

Owner 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 to believe that the information is anything but truthful.

Producer Signature _____ Date Signed _____

Comments: _____