



# Watercraft Lightning Fast Quote Form

For vessels 27' in length and larger

Fax completed Form to (413) 781-0050 or Email: [david@specialrisksltd.com](mailto:david@specialrisksltd.com)

Sub-Agent Name and Code:		Contact Name:		Contact Phone:	
Address:			City/State/Zip:		
Mooring Zip Code:		Requested Effective Date:			
QUOTE INFORMATION					
Applicant/Corporation Name:			Corporately Titled? <input type="radio"/> Yes <input type="radio"/> No		
Corporate Designee Name:			DOB	Primary Operator? <input type="radio"/> Yes <input type="radio"/> No	
Home Address:					
City:		State:	Zip Code:	Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Domestic Partner	
Primary Operator (if not Applicant):			DOB	# of Co-owners (not including spouse):	
YACHT INFORMATION					
Model Year:		MFG/Model:		Hull Material:	Length:
Motor Type: <input type="radio"/> Inboard <input type="radio"/> Outboard <input type="radio"/> In / Out		Number of Motors:		Yacht type:	Maximum Speed:
Purchase price:		Date:	HP per engine:	Fuel Type: <input type="radio"/> Gas <input type="radio"/> Diesel	
Navigational Waters:					
COVERAGE INFORMATION					
Coverage			Limit/Deductible Requested		
Yacht, Motor(s), and Installed Equipment <input type="radio"/> Agreed Value <input type="radio"/> Replacement Cost (3 years or newer) <input type="radio"/> P&I ONLY					
Hull Deductible: 1% - 10%					
Minimum \$500 for all boat types. Minimum 1% if hull <30 yrs, 2% if hull =>30 yrs.			Minimum 2% if three engines. Minimum 5% for Sail boats with Kevlar/Carbon Fiber mast.		
Protection and Indemnity			<input type="radio"/> \$100,000 <input type="radio"/> \$300,000 <input type="radio"/> \$500,000 <input type="radio"/> \$1,000,000		
Medical Payments (\$15,000 included)			<input type="radio"/> \$20,000 <input type="radio"/> \$25,000 <input type="radio"/> \$35,000		
Uninsured and Underinsured Watercraft			Equal to Protection and Indemnity Limit		
Trailer Coverage (Actual Cash Value)					
Scheduled Tender(s) Coverage					
Personal Effects (\$5,000 included)					
Liveaboard Coverage <input type="radio"/> Yes <input type="radio"/> No					
Emergency Towing and Assistance: \$2,500 included			<input type="radio"/> \$3,500 <input type="radio"/> \$5,000		
Rental Reimbursement: \$1,500 included			<input type="radio"/> \$2,500 <input type="radio"/> \$5,000		
Removal of Wreck Exclusion (P&I ONLY) <input type="radio"/> Yes <input type="radio"/> No					
Captain or Crew Liability <input type="radio"/> Yes <input type="radio"/> No					
Occasional Charter or Captained Occasional Charter <input type="radio"/> Yes <input type="radio"/> No					
DISCOUNTS and SURCHARGES					
*Select all Professional Associations you are a member of: <input type="checkbox"/> American Boating Association <input type="checkbox"/> National Boating Organization <input type="checkbox"/> US Coast Guard <input type="checkbox"/> US Power Squad <input type="checkbox"/> US Sailing Association					
Lay Up From: _____ To: _____					
Check all Protective/Safety Devices: <input type="checkbox"/> Automatic Fire System <input type="checkbox"/> GPS Tracking/Anti-Theft					
Number of Watercraft Losses in Past 36 Months: _____					
Type & length of vessel(s) prior experience obtained on: _____					
Type & length of vessel(s) you have owned including # of years: _____					
Currently Insured: <input type="radio"/> Yes <input type="radio"/> No		If yes, Expiration Date: _____		Expiring Carrier: _____ Expiring _____	
Premium: _____					
Survey					
If vessel is over 10 years old, do you have a survey dated within the last 5 years? <input type="radio"/> Yes <input type="radio"/> No					
If yes, Date of Survey: _____					

This quote is only a price indication and subject to change upon receipt of a completed application and other underwriting documentation appropriate to the risk. Coverage can only be bind upon completion of a company-approved application, and upon receipt of acceptable premium deposit.