

Date _____

Florida Yacht Insurance Wholesalers, Inc.
(954) 430-3608 (954) 430-3488 fax e-mail: FYIW@bellsouth.net

APPLICANT _____ D.O.B. _____

ADDRESS _____ PHONE _____

_____ PHONE _____

OCCUPATION _____ YEARS BOAT EXP _____

MODEL YEAR _____ LENGTH _____ MFG _____ MODEL _____

HULL MATERIAL _____ DATE PURCHASED _____ PRICE _____

ENGINE: () GAS () DIESEL TYPE: () OB () I/O () IB OTHER _____ SPEED _____

YEAR _____ MFG _____ TOTAL # ENG _____ TOTAL H.P. _____

BUILT IN FIRE SYSTEM () Y () N TYPE: () HALON () CO2 OTHER: _____

DINGHY _____ MOTOR _____ VALUE \$ _____

TRAILER _____ VALUE \$ _____

NAVIGATIONAL ELECTRONICS () COMPASS () VHF () LORAN () RADAR () PLOTTER

() DEPTH FINDER () AUTO PILOT () LIFE RAFT () GPS OTHER: _____

PREVIOUSLY OWNED/SIZE/TYPE _____

LOSSES (WITHIN PAST 5 YEARS) _____ () NONE

BOATING EDUCATION () USCG AUXILIARY () POWER SQUADRON () USCG LICENSE

OTHER REGULAR OPERATORS (NAME, DOB & EXPERIENCE) _____

MOORING LOCATION: () MARINA () RESIDENCE () OTHER CITY/STATE _____

VESSEL USE () PRIVATE PLEASURE () OCCASIONAL CHARTER () COMMERCIAL

NAVIGATION AREA: () FLORIDA () BAHAMAS () EAST COAST U.S. () CARIBBEAN SEA

LIMITS REQUESTED

HULL VALUE \$ _____ DEDUCTIBLE () 1% () 2% () 3% () 4%

LIABILITY () \$100,000 () \$300,000 () \$500,000 () \$1,000,000 CREW (HOW MANY) _____

DINGHY VALUE \$ _____ TRAILER VALUE \$ _____ WAVERUNNER VALUE \$ _____

MED PYMT () \$5,000 () \$10,000 PERS EFFECTS () \$2,500 () \$5,000 UNINSURED BOATERS \$ _____

PRODUCING AGENT'S NAME & ADDRESS _____