



Global Insurance Specialists, LLC
dba GIS Insurance Services In California

MEGA YACHT APPLICATION

1. NAMED ASSURED _____

2. BENEFICIAL OWNER _____
(occupation) _____

3. ADDITIONAL ASSURED(S) _____
4. MORTGAGEE / LOSS PAYEE _____
5. INSURANCE TO ATTACH FROM _____ TO _____
6. VESSEL NAME _____
BUILDER / MODEL _____
YEAR BUILT _____ LENGTH _____ CLASSED _____
HULL ID # _____ COUNTRY OF REGISTRATION/FLAG _____
CONSTRUCTION MATERIAL _____ GRT _____
PURCHASE DATE / PRICE _____
7. ENGINE(S) - MANUFACTURER / MODEL _____
YEAR BUILT _____ HORSEPOWER _____
GASOLINE _____ DIESEL _____ SPEED KNOTS _____
8. DATE OF MOST RECENT SURVEY _____
(Please provide copy)

9. INSURED VALUES:

	<u>VALUE / LIMIT</u>	<u>REQUESTED DEDUCTIBLE</u>
HULL & MACHINERY	_____	_____
INCREASED VALUE	_____	_____
TENDERS (list below)	_____	_____
PERSONAL EFFECTS	_____	_____
PROTECTION & INDEMNITY	_____	_____
MEDICAL PAYMENTS	_____	_____
Any one Person	_____	_____
Any one Accident	_____	_____
UNINSURED BOATER	_____	_____

10. TENDERS AND/OR WATER TOYS (JET SKIS, SKI BOATS, ETC.) please list –

<u>Year</u>	<u>Manufacturer/Model</u>	<u>HIN / Serial #</u>	<u>Length / HP</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. WILL THE YACHT HAVE A MAIN MOORAGE LOCATION? IF SO, WHERE? _____

12. LAY UP DATES _____

13. WATERS TO BE NAVIGATED (12 month itinerary) _____

14. PLEASE PROVIDE SEVERE WEATHER / HURRICANE PLAN – _____

15. OWNERS EXPERIENCE IN YRS _____ SKIPPERS EXPERIENCE IN YRS _____
 PREVIOUS VESSELS OWNED OR OPERATED (**OWNER & SKIPPER**):
 OWNER: _____
 SKIPPER: _____
 LOSSES SUSTAINED DURING PAST FIVE YEARS: *(Please provide number, amounts, dates & description)*
 OWNER _____ DESCRIBE: _____
 SKIPPER _____ DESCRIBE: _____
16. HAS ANY INSURER EVER CANCELLED OR REFUSED INSURANCE FOR APPLICANT? _____
 IF SO, WHY? _____
 NAME OF PRESENT OR PREVIOUS INSURER _____
17. NUMBER OF PERMANENT *FULL TIME PAID CREW (Please include list)* _____
 NUMBER OF *PART TIME PAID CREW* _____
 PLEASE PROVIDE RESUMES (including Loss History) FOR THE FOLLOWING CREWMEMBERS:
 SKIPPER *FIRST MATE* *CHIEF ENGINEER*
18. WILL THE ASSURED UTILIZE A YACHT MANAGEMENT COMPANY? IF SO, WHICH COMPANY?
(Please provide a copy of the management contract, if applicable)

19. WILL VESSEL BE CHARTERED / # OF WEEKS / DETAILS / WHAT CHARTER FORM WILL BE USED?

20. ADDITIONAL REMARKS _____

SIGNATURE OF OWNER _____

DATE _____

Please contact Damon Nasman dlnasman@gisllc.net or Lee Ann Thompson (lathompson@gisllc.net) if you have any questions.