



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Personal Watercraft Insurance

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____
County: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

CURRENT INSURANCE INFORMATION

Company Name (not agency): _____ Expiration Date: _____
Premium Amount: \$ _____ Term: 6 Months 1 Year Other _____

COVERAGES Input only for those desired

| Type | Sums Insured | Type | Sums Insured |
|--------------------------------|--------------|-------------------|--------------|
| Hull- Physical Damage | \$ _____ | Tender / Dinghy | \$ _____ |
| Liability Coverage | \$ _____ | Crew Liability | \$ _____ |
| Owner / Operator M&C | \$ _____ | Medical Payments | \$ _____ |
| Commercial Passenger Liability | \$ _____ | Uninsured Boater | \$ _____ |
| Trailer | \$ _____ | Personal Property | \$ _____ |
| Non-Emergency Towing | \$ _____ | Other | \$ _____ |

VESSEL INFORMATION

Vessel Name: _____ Manufacturer/Model: _____
Year _____ Length _____ Max Speed _____ mph
Date Purchased _____ Purchase Price \$ _____ Present Value \$ _____
Registration # _____ Hull Identification #: _____
Waters to be navigated: _____ Tenders or Dinghies: _____
Storage Address (Street, City, Co., St.): _____

LAI D UP: From: _____ to: _____ On Shore Afloat
Stored on Trailer: Yes No Will be trailered over 100 miles: Yes No

| EQUIPMENT (please select ALL equipment on your Watercraft) | | |
|--|--|--|
| <input type="checkbox"/> Bilge Pumps | <input type="checkbox"/> Fume Detector | Other (list below) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| <input type="checkbox"/> EPIRB | <input type="checkbox"/> Fire Extinguishers | |
| <input type="checkbox"/> Sonar | <input type="checkbox"/> Cooking Stove | |
| <input type="checkbox"/> Depth Sounder | <input type="checkbox"/> Engine Alarm | |
| <input type="checkbox"/> LORAN/ Direction Finder | <input type="checkbox"/> Anti-theft Devices | |
| <input type="checkbox"/> GPS | <input type="checkbox"/> Life Raft | |
| <input type="checkbox"/> Radar | <input type="checkbox"/> Ship to Shore Radio | |
| <input type="checkbox"/> SATNAV/ OMEGA | <input type="checkbox"/> Aux Generator, Diesel | |
| <input type="checkbox"/> CO2/Halon System | <input type="checkbox"/> Aux Generator, Gas | |



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| MISCELLANEOUS Please check ALL that apply | | | |
|--|---|--|---|
| Primary Power <input type="checkbox"/> Sail <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/ Outdrive <input type="checkbox"/> Other | Type of Hull <input type="checkbox"/> Sailboat <input type="checkbox"/> Performance <input type="checkbox"/> Runabout | Hull Material <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass | Fuel Tank <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass |

| ENGINE/OUTBOARD MOTOR INFORMATION Please complete for each engine | | | | | | | | |
|--|------|---|------|----------------|----------------|---------------|---------------------|---------------|
| | H.P. | Fuel | Year | Date Purchased | Purchase Price | Present Value | Manufacturer/ Model | Serial Number |
| Engine 1 | | <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | | | | | | |
| Engine 2 | | <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | | | | | | |
| Engine 3 | | <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | | | | | | |

TRAILER INFORMATION

Year _____ Manufacturer/Model: _____ Serial Number: _____
 Date Purchased _____ Purchase Price \$ _____ Present Value \$ _____

| OPERATORS Always list Insured as Operator 1 | | | | | | | |
|--|------|---------------|----------|----------|-------------------|-----------------------------------|-------------------------|
| | Name | Date of Birth | Auto DL# | DL State | Social Security # | USCG/Power Squadron Certificate # | Years of Boat Ownership |
| Operator 1 | | | | | | | |
| Operator 2 | | | | | | | |
| Operator 3 | | | | | | | |

AUTO VIOLATIONS/SUSPENSIONS Last 5 years

Operator 1 _____

Operator 2 _____

Operator 3 _____



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BOAT/WATERCRAFT USAGE Explain all "Yes" responses in "Remarks"

- Is the boat chartered to others with captain? Yes No
- Is the boat chartered to others without captain? Yes No
- Is the boat used for racing? Yes No
- Is the boat used for water skiing or diving? Yes No
- Is the boat used commercially or for business purposes? Yes No
- Does the applicant employ a paid crew? If "yes" how many? _____ Yes No
- Was any operator involved in a marine loss in the last 10 years (insured or not)? Yes No
- Was any coverage declined, cancelled or non-renewed during the last 5 years? Yes No
- If the boat is used for fare paying passenger charters, what is the average number of passengers per trip? _____
Number of trips per year? _____

Remarks: (explain all "Yes" responses from above) _____

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough room above, please enter them here. _____

Applicant's Signature _____ Date: _____