



YACHT SECTION

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No, Ext): (904) 647-1400	APPLICANT (First Named Insured)				
	FAX (A/C, No): (866) 415-7918					
Metropolitan Insurance Services 6817 Southpoint parkway Suite 1202 JACKSONVILLE, FL 32216		COMPANY		NAIC CODE		
		UNDERWRITING OFFICE		UNDERWRITER		
		<input type="checkbox"/> NEW	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN
		<input type="checkbox"/> RENEWAL			<input type="checkbox"/> AGENCY BILL	
CODE:	SUB CODE:	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY			
AGENCY CUSTOMER ID:		CHARTERING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL YEARS EXPERIENCE	
		NO. CHARTERS PER YEAR				

YACHT INFORMATION

YEAR BUILT	MANUFACTURER	TYPE	LENGTH	CONST. MATERIAL	ENGINE MANUFACTURER	TOTAL HP
YACHT NAME		HOME PORT			NAVIGATION LIMITS REQUIRED	
SURVEY AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		INDICATE LAST DATE: _____	NO. PERSONAL WATERCRAFT	CAPTAIN <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NONE		NAME OF CAPTAIN
CREW <input type="checkbox"/> FULL TIME NUMBER _____ <input type="checkbox"/> PART TIME NUMBER _____ <input type="checkbox"/> NONE		TENDERS <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR	LENGTH	MANUFACTURER	
			1.			
			2.			
			3.			

COVERAGE REQUESTED

INSURED VALUE \$	LIABILITY LIMITS \$	OTHER \$	DESCRIBE:
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PRIOR YACHT(S) OWNED

MANUFACTURER	LENGTH

LOSS HISTORY

DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED			
DATE	AMT PAID	CLAIM STATUS	CAUSE

REMARKS