

Mail To: Chubb Group of Insurance Companies
Attn: Personal Lines Yacht Unit
P.O. Box 1600
Whitehouse Station, N.J. 08889-1600
Fax Number: 908-572-4057

Agency Contact Name: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____

This worksheet is for yachts valued at \$1,000,000 or greater, less than 80' in length, with a full-time paid captain and/or crew. This worksheet must be completely filled out in order to have a policy quoted or issued. If we have agreed to bind coverage, please attach a copy of your binder.

Large Yacht Worksheet

Date: _____ Agency: _____ Agency Code: _____

Name to be Used on Policy: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Beneficial Owner's Name: _____ Date Of Birth: _____

Occupation: _____ Nationality: _____

Other entities or individuals having financial interest in this yacht: _____

Yacht To Be Insured:

Year Built: _____ Length: _____ Manufacturer: _____

Type: _____ Construction Material: _____ Tonnage: _____ Total Horsepower: _____ Gas: () Diesel: ()

Engine Manufacturer: _____ Engine Model: _____

Vessel Name: _____ Effective Date of Coverage: _____

Hull Insured Value: \$ _____ Hull Deductible: \$ _____ Liability Limit: \$ _____

Increased Personal Effects: \$ _____ (policy automatically provides \$25,000 in Personal Effects Coverage)

Tenders (must be carried on board and used only to service the megayacht): Year _____ Mfr. _____

Length: _____ Horsepower: _____ Value: \$ _____

Personal Watercraft: How Many: _____ Year: _____ Length: _____ Mfr.: _____

Port of Registry: _____

Mooring/Navigating Area:

Home Port Spring/Summer: _____ Home Port Fall/Winter: _____

Requested areas of navigation: () East Coast of the United States () Gulf Coast of the United States () West Coast of the United States () Vancouver Island, British Columbia, Canada () Newfoundland Island, Canada () Bahamas, Turks & Caicos () Inland waters of the United States and Canada () Panama Canal Transit () Mexico () Alaska () Bermuda () Eastern Caribbean, not south of Grenada () Western Caribbean, not south of Venezuel () Mediterranean () Other: _____

1 Year Itinerary: _____

Crew Information:

Total # of full-time paid crew: _____ Total # of part-time/occasional crew: _____

Please check all that apply:

() Captain () full-time () part-time Captain's Name: _____

() First Mate () full-time () part-time () Engineer () full-time () part-time

() Deckhand; () Chef; () Steward/Stewardess

Loss/Survey Information:

Does the insured have any previous loss history: () Yes () No If yes, please provide dates, description & amounts:

Does the Captain have any previous loss history: () Yes () No If yes, please provide dates, descriptions & amounts:

Does this yacht have any previous loss history: () Yes () No If yes and different from above, please provide dates, description & amounts:

Survey available: () Yes () No. If yes, you are required to provide us with a copy.

Have all recommendations been complied with: () Yes () No.

If insured is not the original owner: What was the purchase date: _____

Is a copy of the pre-purchase survey available: () Yes () No. Have all recommendations been complied with: () Yes () No

Original purchase price: \$ _____

Name of Current/Previous Insurance Carrier: _____ Previously Owned Vessels: _____

Has your insurance ever been non-renewed: () Yes () No. If yes, please provide details: _____

Loss Payee: Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Breach of Warranty required: () Yes () No If so, Amount of Loan: \$ _____

Additional Watercraft:

Year _____ Length _____ Manufacturer _____ Model _____ Value _____

Year _____ Length _____ Manufacturer _____ Model _____ Value _____

Are any of these watercraft towed behind the large yacht () Yes () No

A quotation or policy issuance for this yacht is based upon information provided by the producer and prospective insured and is subject to receiving the Captain's resume, the one year itinerary and a current survey (if applicable), within thirty (30) days from the quotation date.

Ed 9/06