



**RISK MANAGEMENT
COMPANY FOR
INDEPENDENTS
(IRELAND) LIMITED**

YACHT APPLICATION

INSURED'S NAME		INSURED'S AGE		DATE	PRODUCERS CODE		
MAILING ADDRESS				PRODUCERS NAME			
CITY	COUNTY	STATE	ZIP	PRODUCERS ADDRESS			
PHONE	HOME	BUSINESS		PHONE			
OCCUPATION				LIENHOLDER INFORMATION			
VESSEL NAME				NAME			
EFFECTIVE DATE FROM TO				NUMBER & STREET			
LAID UP FROM:		TO:		ON SHORE AFLOAT	CITY	STATE	ZIP CODE
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREON							
COVERAGES	SUM INSURED	EQUIPMENT			PRIMARY POWER	SAIL	
HULL - PHYSICAL DAMAGE		BILGE PUMPS	AUX/GENERATOR DIESEL			OUTBOARD	
TENDER/DINGHY		COOKING STOVE	EPIRB			INBOARD	
LIABILITY COVERAGE		FLAME DETECTOR	ENGINE ALARM			INBOARD/ OUTDRIVE	
CREW LIABILITY		CO2/HALON SYSTEM	LIFE RAFT			OTHER	
OWNER OPERATOR M&C		FIRE EXTINGUISHERS	SONAR		TYPE OF HULL	SAILBOAT	
MEDICAL PAYMENTS		ANTI-THEFT DEVICES	GPS			PERFORMANCE	
COMMERCIAL PASSENGER LIABILITY		DEPTH SOUNDER	OTHER (LIST BELOW)			RUNABOUT	
UNINSURED BOATERS		RADAR			HULL MATERIAL	WOOD	
TRAILER		LORAN/DIRECTION FINDER				METAL	
PERSONAL PROPERTY		SHIP TO SHORE RADIO				FIBREGLASS	
NON-EMERGENCY TOWING		SATNAV /OMEGA			FUEL TANK	METAL	
OTHER		AUX GENERATOR GAS				FIBREGLASS	
VESSEL INFORMATION							
YEAR	LENGTH	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	MAX SPEED	REGISTRATION NUMBER	
HULL IDENTIFICATION NUMBER:				MANUFACTURER/MODEL:			
TENDERS OR DINGHIES:				STORED AT (CITY, DO, BT):			
ANTI-THEFT PRECAUTIONS:							
WATERS TO BE NAVIGATED:							
WILL VESSEL BE LOCATED BETWEEN 12°40' NORTH AND 55° - 85° WEST DURING THE PERIOD JULY 1 ST - NOV 1 ST							YES/NO
ENGINE/OUTBOARD MOTOR INFORMATION							
ENG	H.P.	GASOLINE	DIESEL	YEAR	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE
1							
2							
3							
MANUFACTURER /MODEL					SERIAL NUMBER		
1							
2							
3							
DATE VESSEL LAST SURVEYED							ASHORE/AFLOAT



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TRAILER INFORMATION		YEAR	DATE PURCHAED	PURCHASE PRICE	PRESENT VALUE		
MANUFACTURER/MODEL:			SERIAL NUMBER:				
DETAILS OF PREVIOUS VESSELS OWNED:							
OPERATORS (ALWAYS LIST INSURED AS OPERATOR #3)							
	NAME	DATE OF BIRTH	AUTO DRIVERS LICENSE #	STATE	SOCIAL SECURITY	USCG/POWER SQUADRON CERTIFICATE	
1							
2							
3							
VIOLATIONS/SUSPENSIONS (INCLUDING AUTO) IN LAST 5 YEARS				YEARS OF BOAT OWNERSHIP			
1							
2							
3							
GENERAL INFORMATION							
	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO	#	EXPLAIN ALL 'YES' RESPONSES IN REMARKS	YES	NO
1	IS THE BOAT CHARTERED TO OTHERS WITH CAPTAIN?			6	IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?		
2	IS THE BOAT CHARTERED TO OTHERS WITHOUT CAPTAIN?			7	DOES THE APPLICANT EMPLOY PAID CREW IF SO HOW MANY?		
3	IS THE BOAT USED FOR RACING?			8	WAS THE OPERATOR INVOLVED IN A MARINE LOSS IN THE LAST 10 YEARS (INSURED OR NOT)?		
4	IS THE BOAT USED FOR WATER SKIING OR DIVING?			9	WAS ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		
5	IF THE BOAT IS USED FOR FARE PAYING PASSENGERS, WHAT IS THE AVERAGE NUMBER OF PASSENGERS PER TRIP NUMBER OF TRIP PER YEAR						
REMARKS							

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. Any misrepresentation in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
3. A photograph of the vessel is required to be submitted with this application.
4. Risk Management Company for Independents (Ireland) Ltd. is a Multi-Agency Intermediary regulated by the Irish Financial Services Regulatory Authority.

NOTICE:

The normal procedure used by the company to evaluate applications may include an investigation consumer and credit report involving information on such things as charter, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

APPLICANT SIGNATURE	SIGNATURE DATE
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