

# Watercraft Worksheet

Phone: 1-800-922-4875

Mail To: Chubb Group of Insurance Companies  
Attn: Personal Lines Yacht Unit  
202 Hall's Mill Road, P.O. Box 1600  
Whitehouse Station, NJ 08889-1600



## Client Information

New Line  Endorsement  Rewrite      Quote/Policy no. \_\_\_\_\_ Date Requested \_\_\_\_\_  
Name Used on Policy \_\_\_\_\_  Individual  Partnership (non-married)  
 Married Couple  Corp. for tax purposes

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_ Spouse's occupation \_\_\_\_\_ Age \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Insurance Writing Company \_\_\_\_\_

Producer Name \_\_\_\_\_ Producer no. \_\_\_\_\_ Subproducer no. \_\_\_\_\_

**Billing options (check only one):**  Agency bill (prepaid)  Company bill:  one-payment plan  two-payment plan  four-payment plan

## Coverage

Year	Overall Length	Manufacturer	Model	Sail	Power	Type of Fuel
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Electric

Type of watercraft	Type of engine	No. of engines	HP of ea. Engine
<input type="checkbox"/> Bass boat <input type="checkbox"/> Drag Boat <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> one	<input type="checkbox"/> Air boat <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Inboard/outdrive <input type="checkbox"/> Jet <input type="checkbox"/> two	<input type="checkbox"/> three	HP
<input type="checkbox"/> None of the Above			

**Mooring location**  
Marina \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Inland  Coastal/tidal  Watercraft Agreed Value \$ \_\_\_\_\_

**Liability Limits (check only one):**  
 \$50,000  \$100,000  \$200,000  \$300,000  \$500,000  \$1 million  \$2 million  \$3 million  \$5 million  \$10 million

**Physical damage deductible (check only one):**  
Value \$50,000 or less:  \$100  \$250  \$500  \$1,000  
Value over \$50,000:  1%  2%  3%

## Loss History for Past Three Years

Date of Loss	Description of loss	Date paid	Loss amount paid (if known)
/ /		/ /	\$
/ /		/ /	\$

## Loss Payee

Name \_\_\_\_\_ Loan no. (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Supplemental Information

Boating experience (total years) \_\_\_\_\_ Type and size \_\_\_\_\_

Name and age of all operators: \_\_\_\_\_

Are motor vehicle records clean:  Yes  No If no, please explain: \_\_\_\_\_