



**Worldwide  
Facilities, LLC**

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*This worksheet is for yachts 80' or greater, valued at \$1,000,000 or greater with full-time paid captain and 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.*

**Megayacht 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: \$ \_\_\_\_\_

Medical Payments: \$ \_\_\_\_\_ Personal Effects: \$ \_\_\_\_\_ Uninsured Boaters: \$ \_\_\_\_\_

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.: \_\_\_\_\_

Request for Charter: ( ) Yes ( ) No If yes, number of charters per year: \_\_\_\_\_

Is this yacht part of a Timeshare, Fraction Share, Vacation Club or similar type arrangement? ( ) Yes ( ) No

Request for War: ( ) Yes ( ) No

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 Venezuela ( ) Mediterranean navigation ( ) European navigation ( ) Trans- Atlantic – Own bottom

( ) Worldwide ( ) Other: \_\_\_\_\_

( ) Cargo Shipment Required Name of cargo carrier: \_\_\_\_\_

Shipment dates: \_\_\_\_\_ City of departure: \_\_\_\_\_ Arrival city: \_\_\_\_\_

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. 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 megayacht ( ) 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