

Knotline Marine Yacht Application Form 2026

Insured Information

Company Name:					
Beneficial Owner Name(s):					
Address:					
	State:		Zip Code:		
Email:				Date of Birth:	
Phone Number:				Occupation:	
Lienholder:					
	State:		Zip Code:		
Additional Insured:					
	State:		Zip Code:		
Effective Date:					

Vessel Details

Vessel Name:							
Manufacturer:				Model:			
Hull Type:	Sailing Boat		Motor Yacht		Catamaran		
	Sport Fisher		Rib		Centre Console		
Year of Build:				Does the vessel or any Auxiliary craft or water toys have lithium batteries?	Yes ☐ / No ☐		
Length (ft):					If yes, please complete Knotline lithium battery assessment form		
Purchase Price:				Maximum Speed (knots):			
Present Value:				Purchase Date:			
HIN:				Vessel Flag:			
Last survey date:				Hull Material:			
Is the vessel for sale in the next 12 months?	Yes ☐ / No ☐			Mast Material:			
If yes, please confirm the asking price:							
Auto Fire Extinguishers	Yes ☐ / No ☐	Anti-theft devices	Yes ☐ / No ☐	GPS Tracker	Yes ☐ / No ☐	Kill Switch	Yes ☐ / No ☐

Engine Details

Engine	Manufacturer	H. P	Gas/Diesel/Electric	Engine Type (Outboard/Inboard/Pod)
1				
2				
3				
4				
5				

Policy / Quote Number:

Tender

Year:		Length:	
Manufacturer:		Model:	
Purchase Price:		Present Value:	

Operators (please complete a Knotline Marine Named Operator form for each of the below)

Name	Date of Birth	Total years experience	Paid crew?	Operator Form Attached?
Operator 1:			Yes ☐ / No ☐	Yes ☐ / No ☐
Operator 2:			Yes ☐ / No ☐	Yes ☐ / No ☐
Operator 3:			Yes ☐ / No ☐	Yes ☐ / No ☐
Operator 4:			Yes ☐ / No ☐	Yes ☐ / No ☐

Non-Operational Paid Crew

Name	Date of Birth	Experience/Role	Details of Criminal Convictions
1			

Navigation

Main Mooring Address:			
	State:		Zip Code:
Navigation Limits:			
Will the Vessel be laid up?	Yes ☐ / No ☐	If yes, please confirm dates:	
Do you require named / numbered windstorm coverage?		Yes ☐ / No ☐	*If yes, please complete the Knotline HPP

Claims Information

Have you had any claims in the past 5 years?	Yes ☐ / No ☐	Has the vessel suffered any damage in the past 5 years:	Yes ☐ / No ☐
If yes, please provide details:			
Date of Loss	Total of value claim	Full details	
1			
2			

Policy limits

Sums Insured: Please tick currency USD ☐ / CAD ☐ / GBP ☐ / EUR ☐					
Hull:		Personal Effects:			
Tender:		Towing:			
Trailer:		Life Raft:			
Medical:		Other:			
P&I:		Charter Passenger P&I			
Crew P&I:		Uninsured Boater:			
Hull Deductible %		Lightning Strike Deductible %		Windstorm Deductible %	

Essential information

Is the vessel used for Charters?	No ☐ / Captain ☐ / Demise ☐ / Bareboat ☐		
Maximum number of Charter Passengers?			
Do you employ paid crew? If so, how many?			
Is the vessel used for any commercial or business-related activities?	Yes ☐ / No ☐		
Is the vessel used for racing or rally activities of any kind?	Yes ☐ / No ☐		
Is the vessel used for waterskiing, diving, or similar activities?	Yes ☐ / No ☐		
Is the vessel ever operated single-handed?	Yes ☐ / No ☐		
Will the vessel be trailered over 100 miles from its home port?	Yes ☐ / No ☐		
Have you had any insurance cover declined, cancelled, or refused renewal within the past 10 years?	Yes ☐ / No ☐		
If you have answered yes to any of these questions, please give full details below:			
Applicant Name:		Date:	
Applicant Signature:			

Important Notice and Declaration

By completing and submitting this application, you confirm that all statements, answers, and information provided—whether written by you or on your behalf—are true, accurate, and complete to the best of your knowledge and belief.

You understand and agree that this application forms the basis of any insurance contract issued as a result of it. Any misrepresentation, omission, or failure to disclose material facts may result in:

- Declination of cover
- Cancellation of the policy
- Reduction or refusal of any claim
- The policy being treated as void from inception

A material fact is any information that may influence an insurer's decision to offer coverage, set terms, or determine premium.