RENEWAL QUESTIONNAIRE

_____ Address: _____

Insured: _____ _____

1) Do you require any changes to your policy? If **YES**, please fill out the below. If **NO**, please proceed to Question 5.

	Current Sums Insured	Required Sums Insured
Hull Value	USD/EUR/GBP	USD/EUR/GBP
Hull Deductible	USD/EUR/GBP	USD/EUR/GBP
P&I	USD/EUR/GBP	USD/EUR/GBP
Passenger P&I	USD/EUR/GBP	USD/EUR/GBP
Crew P&I	USD/EUR/GBP	USD/EUR/GBP
Medical Payments	USD/EUR/GBP	USD/EUR/GBP
Personal Effects	USD/EUR/GBP	USD/EUR/GBP
Dinghy / Tender	USD/EUR/GBP	USD/EUR/GBP
Other (Please Specify)	USD/EUR/GBP	USD/EUR/GBP

2) Have you added or removed any navigational or safety equipment this year? (Please specify) YES ☐ NO ☑

_____

3) Are there any new crew members/operators on your vessel? YES ☐ NO ☑

If **YES**, please complete a Yachtinsure Named Operator form and/or provide a boating resume.

4) Please give details of exact main mooring location for entire policy period, please include Marina zip code.

_____

5) Will your vessel be your full-time residence during the next policy period? YES ☐ NO ☑

6a) Date of Last Survey: _____ **6b)** IN WATER / OUT OF WATER (Circle as appropriate)

7) Have you suffered any marine losses in the previous twelve months? (Please specify) YES ☐ NO ☑

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Any misrepresentation in this application for renewal of 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.

Insured's Signature: _____ **Date**: _____