

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 210 (2001/05)	Yacht Section	Use ACORD 210 with ACORD 125, Commercial Insurance Application, to apply for yacht coverage. Refer to individual company eligibility rules for this coverage. ACORD 82, Watercraft Application, is available to apply for coverage for watercraft not eligible for a yacht policy.
IDENTIFICATION	Date	Month/day/year (MM/DD/YYYY) on which the form is completed.
IDENTIFICATION	Producer	Producer's name and address.
IDENTIFICATION	Phone	Producer's telephone number, including area code and extension, if applicable.
IDENTIFICATION	Fax	Producer's facsimile number, including area code.
IDENTIFICATION	Code	Identification code assigned to the agency or brokerage firm by the insurance company receiving this form.
IDENTIFICATION	Subcode	If the agency or brokerage uses a sub-code identification system with the company, enter the appropriate code.
IDENTIFICATION	Agency Customer ID	Customer's identification number assigned by the agency or brokerage.
IDENTIFICATION	Applicant's Name	Full name of the applicant as it should appear on the policy. The First Named Insured is given certain rights and responsibilities by the policy contract language. If more than one insured is named, be sure the one intended to receive these rights and responsibilities is named first and any additional insureds identified as such. If joint ownership, the name used may include both names (e.g., John and Mary Smith).
IDENTIFICATION	Company	Name of the insurance company (or residual market plan) that will receive the application. Do not use group names, use the actual name of the company within the group in which you wish to have the policy issued.
IDENTIFICATION	NAIC Code	The identification code assigned to the company by the NAIC.
IDENTIFICATION	Underwriting Office	Use this field to direct the application to a specific company underwriter's office.
IDENTIFICATION	Underwriter	Use this field to direct the application to a specific company underwriter.
IDENTIFICATION	New/Renewal	Check the box indicating if this is new business or a renewal.
IDENTIFICATION	Effective Date	Date (MM/DD/YYYY) on which the terms and conditions of the policy will commence.
IDENTIFICATION	Expiration Date	Date (MM/DD/YYYY) on which the terms and conditions of the policy will terminate unless renewed.
IDENTIFICATION	Billing Plan	Indicate whether the agency or the company (direct) will bill the insured or other payee for the policy. Indicate to whom the policy should be mailed.
IDENTIFICATION	Payment Plan	If direct bill, also indicate who is to be billed, and the plan to be used for payment.
IDENTIFICATION	Quote/Issue Policy	Check the box indicating if this is a quote or if a policy will be issued.

IDENTIFICATION	Chartering	Check the appropriate box. If the yacht is chartered, provide the number of years experience the insured has in this area, and the number of charters per year.
IDENTIFICATION	Total Years Experience	Provide the number of years experience the insured has in this area.
IDENTIFICATION	No. Charters per Year	Provide the number of charters per year.
YACHT INFORMATION	Year Built	Year the yacht was completed.
YACHT INFORMATION	Manufacturer	Name of the manufacturer.
YACHT INFORMATION	Type	Describe the type of vessel.
YACHT INFORMATION	Length	Length of the vessel in feet.
YACHT INFORMATION	Const. Material	Material used to build the vessel.
YACHT INFORMATION	Engine Manufacturer	Name of the maker of the engine. If more than one engine, provide this information for each engine.
YACHT INFORMATION	Total HP	Total horsepower provided by all engines.
YACHT INFORMATION	Yacht Name	Name by which the vessel is registered.
YACHT INFORMATION	Home Port	The port where the vessel is docked when not in use.
YACHT INFORMATION	Navigation Limits Required	Identify the primary area of operation, and the territory in which the vessel will be operated. Refer to the company manual to determine the territory definitions.
YACHT INFORMATION	Survey Available	Indicate if a survey of the vessel has been made, and the date of the survey.
YACHT INFORMATION	No. Personal Watercraft	Indicate the number of personal watercraft carried by the vessel, and the type of watercraft.
YACHT INFORMATION	Captain	Check the appropriate box to indicate if there is a designated captain of the vessel, and if the captain is full time or part time.
YACHT INFORMATION	Name of Captain	Provide the name of the captain.
YACHT INFORMATION	Crew	Check the appropriate box to provide information about the crew, if any. Also provide the number of crew members.
YACHT INFORMATION	Tenders	Check the appropriate box. If a tender is used, provide the year, length, and name of manufacturer. If more than one tender is used, provide this information for each tender.
COVERAGE REQUESTED		Provide the insured value, liability limits, and any other coverage information required by the company.
PRIOR YACHTS OWNED		If the applicant has owned other yachts in the past, provide the name of the manufacturer and the length of each yacht.
LOSS HISTORY		Describe any previous losses, whether or not covered by insurance. Include the date of each loss, amount paid, claim status, and cause of loss.
REMARKS		Use the Remarks section to provide any additional information required by individual company manuals for this coverage.