## Skipper Insurance for Private skipper

## NOTE:

If you wish to apply for Private Skipper Insurance, please complete this proposal Form. We shall revert with the best quotation we would have found on the market for your consideration.

Name of Skipper: $\square$
Personal address:

Date of birth:
Telephone:

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| |
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Email address: $\square$

Skipper third party liability insurance

Sailing Yachts
Motor Yachts

| $\square$ Euros 5 Mio. Lump-sum personal injury / property damage | $\square$ Euros 5 Mio. Lump-sum personal injury / property damage |
| :--- | :--- |
| $\square$ Euros 7 Mio. Lump-sum personal injury / property damage | $\square$ Euros 7 Mio. Lump-sum personal injury / property damage |
| $\square$ Euros 10 Mio. Lump-sum personal injury / property damage | $\square$ Euros 10 Mio. Lump-sum personal injury / property damage |
| $\square$ Others | $\square$ Others |

Skipper accident insurance (skipper and crew insured).

| Disability : | EUR |
| :---: | :---: |
| Recovery / Rescue | EUR |
| Death : | EU |

Charter deposit insurance (equivalent to the deposit you must give to the charter company)
Deposit : .EUR

## Next charter loss insurance

Sailing yacht / houseboat length to 33 'Sailing yacht / houseboat length to $36^{\prime}$Sailing yacht / houseboat length to 43'Sailing yacht / houseboat length to 52'Sailing yacht / houseboat length to 63'Motor yacht length to 33 'Motor yacht length to $36^{\prime}$Motor yacht length to $43^{\prime}$Motor yacht length to $52^{\prime}$Motor yacht length to 63'Start of the charter trip: (dd/mm/yyyy)

End of the charter trip: (dd/mm/yyyy)

## Declaration

I confirm that the foregoing statements and answers are true and complete and that I have not withheld any material information likely to affect the acceptance of this proposal.

Name and Signatory of Proposer Dated (dd/mm/yyyy):

