

NOTE:

You must answer the following questions honestly, truthfully and accurately. A failure to do so may mean that your policy may be avoided since the insurer will rely on the information you provide when entering into this policy.

Details of Proposer

Name of Insured:

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.....

Address

.....
.....

Occupation:

.....
.....

Name of Beneficial Owner (if not the insured named above):

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Nationality of Beneficial Owner :

.....
.....

Is the vessel owner operated? YES or NO If "YES", please provide full details of owner's experience and qualifications:

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.....
.....
.....

Professional Skipper / Crew? YES or NO If "YES", please complete the Skipper CV Questionnaire on Page 4.

Has the owner of the vessel had any accidents/claims/losses in connection with any vessel they have sailed/owned/under their control in the last 5 years? YES or NO If "YES" please provide details, including dates and amounts paid:

.....
.....
.....

Have you ever been refused insurance? YES or NO
If "YES" please provide details:

.....

Have you or any person you have allowed or may allow to use your craft, ever been charged with or convicted of any offence involving dishonesty of any kind, e.g. fraud, arson, robbery, smuggling, theft or handling stolen goods? YES or NO

If "YES" please provide details :.....

Previous insurers:

.....

Details of Vessel

Name:

Builders / :

Type/model: Date built:

Port of registry :

Flag :

IMO no:

GRT:

Classification:

Material of hull:

Type of hull: Mono

Catamaran

Material of mast:

Mast manufacturer:

Maximum Design Speed:

Length (L.O.A): Length (Waterline):

Beam: Draft:

Has the vessel been professionally surveyed in the last three years?

If "YES" please provide surveyor's name and copy of survey:

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Date purchased: **Price paid**

Is the vessel subject to finance/mortgage? If so, please state amount of loan and name of finance company:

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.....

Period of insurance: From: To:

.....

Automatic

CO2

Other (please state)

Navigation & Use

Navigation limits

.....
.....

Use: Private pleasure Skipper charter

If day charter, please state no. passengers:

Bareboat charter Other (please state)

Mooring / Marina pontoon / Marina stern to Swing /
Pile Fore & aft Other (please state) /

Mooring location

In-commission period:

Location of lay-up:

Third Party Liability limit required:

Limit for waterskiers Liability:

Does vessel have a Protection and Indemnity coverage in place with a P&I Insurer?

If "YES" please state name of P & I insurers and coverage in place:

Will the vessel be used for racing? .. If "YES", please answer the following:

Replacement Value of Mast, Spars, Sails and Rigging:

Type of Racing:

Club Off-shore

Statement of Fact

We require that you confirm that the statements listed above are true and accurate at the date stated below:

Signed:
Full name

Dated:

Skipper CV Questionnaire

Skipper Name:		Date of Birth:	
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Qualifications:	

Experience:	Vessel Name:		Position:		Period:	
	Details:					
	Vessel Name:		Position:		Period:	
	Details:					
	Vessel Name:		Position:		Period:	
	Details:					
	Vessel Name:		Position:		Period:	
	Details:					

Loss History:	

