

<u>NOTE:</u> 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:
Address
Occupation:
Name of Beneficial Owner (if not the insured named above):
Nationality of Beneficial Owner :
Is the vessel owner operated? YES or NO If "YES", please provide full details of owner's experience and qualifications:
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:

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Have you ever been refused insurance? YES or NO If "YES" please provide details:				
convicted of any offence involving d	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:				
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	e):		
Beam:	•			
Has the vessel been professionally	surveyed in the last three yea	ırs?		
If "YES" please provide surveyor's name and copy of survey:				
Date purchased:	Price paid			
Is the vessel subject to finance/mortgage? If so, please state amount of loan and name of finance company:				
Period of insurance: From:		То:		

<u>Value to be insu</u>	red								
Currency:									
Vessel (Current N	/larket Valu	ıe):							
Tenders/Outboard Other Boats or Je Personal I	et Skis:								
*Personal Effects	are define	d as items	that wou	ld not be	e sold wi	th the ves	sel		
Total Sum to be	Insured:								
Please list any ot	her specific	items with	in the ve	ssel valu	ie:				
Description:						Value:			
						Value:			
NOTE: If the ves confirm the adve			or adve	rtised fo	or sale d	luring the	e past 12	months please	
Engine/Machine	ry details								
Make and model	of engine(s	)							
Year built	H.P. (	Total):		Nun	nber of e	engines			
Туре	🗆 Inboar	ď		□Stern	drive		Jet □		
	Outbo	bard		Surf	ace-drive	е	Other (pl	ease state)	
Fuel: CODOG		Petrol		D	iesel 🗆	]		CODAG	
Fire Extinguisher	s: □ □	Manual				Water	Ð	Foam	

Automatic

Navigation & Us	<u>se</u>		
Navigation limits			
Use:	□ Private pleasure	□ Skipper cha	rter
	If day chart	er, please state no. passer	ngers:
	□ Bareboat charter	Othe₽	(please state)
Mooring /	$\square$ Marina pontoon /	$\Box$ Marina stern to	□ Swing /
	Pile	□ Fore & aft	$\Box$ Other (please state) / $\Box$
Location of lay-up Third Party Liabil	eriod <i>:</i> p: ity limit required: iers Liability:		
Does vessel have	e a Protection and Indem	nity coverage in place with	a P&I Insurer?
If "YES" please s		ers and coverage in place: _	
Will the vessel be	e used for racing? _ If "Y	'ES", please answer the fol	llowing:
Type of Racing:	lue of Mast, Spars, Sails a shore 🗌	and Rigging:	

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## Statement of Fact

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

Signed:	Dated:
Full name	

## Skipper CV Questionnaire

Skipper Name:	Date of Birth:
Qualifications:	

Experience:	Vessel Name:	Position:	Period:
	Details:		
	Vessel Name:	Position:	Period:
	Details:		
	Vessel Name:	Position:	Period:
	Details:		
	Vessel Name:	Position:	Period:
	Details:		
	Vessel Name:	Position:	Period:
	Details:		
Loss History:			

Loss History:	
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