



Yachtsman Insurance Services

Proposal Form

Please take care by entering accurate details to ensure a reliable Quotation

Name of Vessel: Classification.....

Port of Registry: Flagged State.....

Registration No:

Name to be Insured: Nationality:.....

Address:
.....
.....
.....

Telephone (incl code) Fax

Email: Mobile:

Occupation:
(Note: "Director" or other General Term is not acceptable)

Date of Birth: Day Month..... Year

If Company owned, Company Name:.....

Business Address:
.....
.....

Type of Business:

Telephone (incl code) Fax

Email: Mobile:



Experience of Owner/Captain:

(If Captain, please attach C.V. and chain of commands to date.)

Have you or any authorised user had any Claims?: **YES** **NO**
If **“YES”** give Details:

Have you or any authorised user of the vessel ever received any criminal convictions? **YES** **NO**
If **“YES”** give Details:

Has Insurance ever been declined or cancelled? **YES** **NO**
If **“YES”** give Details:

Has a Third Party any interest in the vessel and should this be noted in the policy, Example: a Mortgagee? **YES** **NO**
If “YES” please supply any special wording that has to be endorsed on the policy, together with name and address of interested parties :



DETAILS OF VESSEL

Vessel Type

(Builder/Model)

Is there a current in or out of water survey for the vessel? **YES/NO**
If "**YES**" please attach.

Hull Identification G.R.T.....

Year Built : Construction Material:

Length O/A:..... Beam: Draft:(Feet or Metres?)

Engines

Number: Make: Total h.p.

Serial numbers: Port:Starboard.....

Fuel Type:..... Max. Design SpeedKnots

If a Sailing Vessel

Type of Rig: Masthead or Fractional..... Sloop Ketch Yawl ... Other

Sail Area: Metres² or Feet²

Material of Mast: Aluminium Carbon Fibre Wood..... Other

Will the Vessel be Raced?: **YES/NO**
If "**YES**" please state the value of the mast, spars, sails and rigging. Value:.....

Navigation

Navigation/Cruising area:

Name of yacht's home Port.....

Mooring Type: Marina..... Town Key Mud Berth Other

In Commission Period:

Use: Private Charter Charter & Private

Number of Crew (including Captain).....

If Charter, is this with Professional Crew: **YES** **NO**
If "**NO**" give details (i.e. Bareboat Charter or Other)



TO BE INSURED

Currency : £....US\$....€ Euro....Other....	Purchase Price	Year Purchased	Value to be Insured
Hull & Machinery, Gear and Equipment <i>State no & type & individual value of each of the following:-</i>			
Tenders			
Outboards h.p. Serial nos.			
Jet Skis Serial No.			
Wet Bikes Serial No.			
Windsurfers No. Make			
Diving Equipment details			
Personal Effects (Itemise if over £1,000)			
Other Equipment			
<i>Attach schedule of Personal Effects, or Other Equipment, if necessary</i>	Total Value To Be Insured		



General Information & Safety Precautions

What Third Party Liability limit required?

Do you require cover for and/of Water-Skiers and Water Sports Liability **YES NO**
If **YES** for what limit.

What Excess/Deductible is required on Main Vessel.....

Name of Current Insurer:

Current Premium:..... Renewal Date:

State how the Tender is marked with the name of the parent vessel:

Describe the anti-theft device(s) used to secure the outboard motor(s):

Is Calor or other gas carried and/used on board? **YES NO**

If **YES** for what purpose
State the position of cylinders and material of delivery tubing.....

Fire Extinguishers

State the number and make of Fire Extinguishers on board (attach schedule if necessary)

Is there an Automatic Fire Extinguishing system? **YES NO**
If **YES** give details of number and make

Is there a remotely operated fire extinguishing system? **YES NO**
If **YES** give details of number and make

Additional Insurances Relating to your Vessel

Do you require: Employers Liability Insurance?: **YES NO**

Do you require: Medical and/or Personal Accident and/or Sickness Insurance for Crew? **YES NO**
If **YES** please advise Total Annual Crew Salaries.



IMPORTANT

If there are any other relevant details and/or material facts, please declare

It is important to remember that failure to disclose all material facts (i.e. facts which an insurer would regard as likely to influence his acceptance and assessment of the Proposal) may invalidate the insurance. If you are in any doubt as to whether facts are material, you should disclose them.

In the event of an insurance being effected, it is important to consider this form in conjunction with Policy Conditions as the latter may contain exclusions/warranties/provisions which override anything stated on this form.

Submitting this form does not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should the insurance be effected. You must give true and full answers to all questions, if you fail to do so, your insurance cover may not protect you in the event of a claim.

Some or all of the information that you supply in conjunction with this insurance, will be held on computer by the company. Information may be passed to other insurance companies or to any other recognised authority directly concerned with this type of insurance.

Declaration

I/We declare that to the best of my/our knowledge and belief, the particulars and answers are true. I consent to the seeking of information from other insurers in order to check the answers I have provided, I also authorise the giving of such information for such purposes.

Signature:..... Date:

Please Sign and Date Each Page
and Post to:

**Heybridge Business Centre
110 The Causeway, Maldon, Essex CM9 4ND
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