

DUAL HIGH VALUE YACHT APPLICATION FORM

If the vessel is owned by a Private or Limited Company please state the name of the Company and the Beneficial Owners.

ABOUT THE OWNER	
1. Insured's Full Name:	2. Age:
3. Address:	4. Phone (Work):
(Email):	5. Occupation:
6. Beneficial Owner -If not the Insured (Please list all beneficial owners and specify operators- only operators approved by us will be covered to operate vessels owned in corporate or trust names.)	
7. Have you had any accidents, claims or losses in connection with any vessel you have sailed, owned or was under your control in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details, including dates and amounts paid):	
8. Have you or any person you have allowed or may allow to use your yacht, ever been charged with or convicted of any offence involving dishonesty or any other offence which might affect our assessment of the risk? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
9. Have you ever had Insurance declined, non-renewed or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
10. Names of other principal operators	
11. Previous Insurers:	12. Policy Renewal Date:

ABOUT THE VESSEL	
13. Name Of Vessel:	14. Type (e.g. Motor Yacht):
15. Date of Purchase:	16. Manufacturer:
17. Model:	18. Year of Build:
19. Port of Registry:	20. Flag:

ABOUT THE VESSEL			
21. Class:		22. Hull Identification Number:	
23. Price Paid:		24. Current Market Value:	
25. Length:	26. Beam:	27. Draft:	28. Tonnage:
29. Material of Hull:		30. Material of Mast:	
31. Engines (Make):		32. Number & Horse Power:	33. Maximum Design Speed:
34. Engine Hours		35. Generator(s) Make:	36. Generator Hours:
37. Surface Drives / POD Drive / Jet Drive: Yes <input type="checkbox"/> No <input type="checkbox"/>		38. Has the Yacht been professionally surveyed in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide the surveyor's name and copy of the survey): 39. Have all the survey recommendations been complied with? Yes <input type="checkbox"/> No <input type="checkbox"/>	
40. Is the Yacht subject to finance or mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please advise amount of loan and name of lender):			41. Details of fire extinguishing system:
42. Currency: USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>			

ABOUT THE TENDER (IF NEEDED)			
43. Name of Tender:		44. Type (e.g. Motor Yacht):	
45. Date of Purchase:		46. Manufacturer:	
47. Model:		48. Year of Build:	
49. Port of Registry:		50. Flag:	
51. Class:		52. Hull Identification Number:	
53. Price Paid:		54. Current Market Value:	
55. Length:	56. Beam:	57. Draft:	58. Tonnage:
59. Material of Hull:		60. Material of Mast:	
61. Engines (Make):		62. Number & Horse Power:	63. Maximum Design Speed:
64. Surface Drives / POD Drive / Jet Drive: Yes <input type="checkbox"/> No <input type="checkbox"/>		65. Has the Tender been professionally surveyed in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide the surveyor's name and copy of the survey):	
		66. Have all the survey recommendations been complied with? Yes <input type="checkbox"/> No <input type="checkbox"/>	

COVERAGES NEEDED		
Item	Sum Insured	Deductible
67. Hull Value		
68. Liability – Protection & Indemnity		
69. Tender(s) Total		
70. Trailer(s) (Total)		
71. Personal Effects (Total)		
72. Medical Expenses		
73. Water-skiers Liability		
74. Uninsured Boaters		
75. Crew Liability		
76. Passenger Liability		
77. War Risk Coverage	Limit as per Total Sum Insured Shown in Box 34 above	

USE OF VESSEL	
88. If cruising East Coast US Waters below 35 degrees North a Hurricane Plan is required, please complete attached form.	
89. Yard Period? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please provided full details of period, name and location of shipyard):	
83. How long will vessel be used for in season?	84. Lay up period:
85. Will there be any towed vessels? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	86. Will a towing bridle be used? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):
87. Required cruising range:	
88. Will this vessel participate in Racing or Regattas: Yes <input type="checkbox"/> No <input type="checkbox"/>	
89. Is this vessel the primary residence for the insured? (Liveaboard) Yes <input type="checkbox"/> No <input type="checkbox"/>	
90. Details of use: Private and Pleasure only <input type="checkbox"/> Skipper Charter Use <input type="checkbox"/> (If Skipper Charter use is required please specify number of weeks):	
91. Mooring location and/or Home Port from June 1 st to December 1 st	
92. Mooring location and/or Home Port from December 2 nd to May 31 st	

CREW DETAILS

90. Number of Crew:	91. Permanent Crew including Captain:
92. Temporary Crew:	93. Details of any U.S Nationals:
94. Captains Qualifications: (The Captains CV and License must be submitted to Underwriters for their agreement.)	
95. Captains Claims Record: Has the Captain had any accidents, claims or losses in connection with any vessel under their control? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
96. Engineers Qualifications: (The Engineers CV and License must be submitted to Underwriters for their agreement.)	
97. Engineers Claims Record: Has the Engineer had any accidents, claims or losses in connection with any vessel under their control? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	

DECLARATION

I declare that the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.

*A material fact is one likely to influence acceptance or assessment of this proposal by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This proposal and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

Signed:	Full Name:	Date:
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