

YACHT PROPOSAL FORM

PROPOSED PERIOD OF INSU	JRANCE 12 MONTHS FROM						
SECTION 1 - ABOUT	T YOU						
INSURED'S NAME IN FULL							
INSURED'S ADDRESS :							
TELEPHONE (BUSINESS)(PRIVATE)							
STATE NUMBER YEARS OF C							
ON THIS TYPE OF VESSEL				. AS CREW			
HAVE YOU PREVIOUSLY CLAIMED ON A MARINE INSURANCE POLICY YES/NO IF 'YES' GIVE FULL DETAILS.							
HAVE YOU EVER BEEN PREVIOUSLY REFUSED INSURANCE : YES / NO IF 'YES' GIVE FULL DETAILS							
HAVE YOU OR ANY PERSON YOU HAVE OR MAY ALLOW TO USE THE VESSEL BEEN CONVICTED OF A CRIME INVOLVING DISHONESTLY OF ANY KIND (I.E. FRAUD, ARSON, ROBBERY, SMUGGLNG, THEFT, HANDLING ETC.). IF 'YES' GIVE FULL DETAILS ON A SEPARATE SHEET YES / NO							
SECTION 2 - ABOUT	T YOUR VESSEL						
NAME							
HULL BUILDER/MODEL	YEAR BUILT LEN			HULL CONSTRUCTION (I.E. GRP / WOOD)			
ENGINE MAKE/MODEL				(I.E. IN BOARD, JET, OUTBO	•		
TYPES OF FUEL USED PETROL / DIESEL IS THE ENGINE TURBO CHARGED YES/NO							
TYPES OF FUEL USED STATE MAKE AND MODEL OF	<u>-</u>	<u>-</u>					
		•					
STATE THE MAXIMUM SPEED	D OF THE VESSEL	KNOT	S	MPH/KPH			
STATE TYPE AND LOCATION OF ALL FIRE EXTINGUISHERS							
STATE THE DATE PURCHASED AND EXACT PURCHASE PRICE.							
	E VESSEL FOR A SUM HIGHE						
OR NEW EQUIPMENT ADDEL	O SUBSEQUENT TO PURCHAS	SE :					
IS THE VESSEL SUBJECT TO) A MARINE MORTGAGE OR C	THER FINANCE AG	REEMENT :	YES / NO			
IF "YES" STATE 1 COMPANY	2 LOAN TERM 3 LOAN AMO	UNT 4. APPROXIMA	TE LOAN AMO	OUNT OUTSTANDING.			
1							
2							
3							
4							
STATE THE VESSELS PORT OF REGISTRATION AND REGISTRATION NO							
DATE OF LAST SURVEY							
STATE THE TYPE AND EXACT LOCATION OF YOUR MOORING OR STORAGE LOCATION							
MARINA : JETTY :							
JE111 :							



SECTION 3 - THE SUMS PROPOSED FOR INSURANCE

HULL	MACHINERY GEAR AND EQUIPMENT				
DING	НY				
OUTE	OARD MOTOR				
PERS	ONAL EFFECTS (SEE NOTE 1 BELOW)				
ADDI	FIONAL EQUIPMENT (SEE NOTE 2 BELOW)				
TOTA	L SUM PROPOSED FOR INSURANCE				
	STATE INDIVIDUAL ITEMS OF PERSONAL EFFECTS VALUED GREATER THAN GBP 250 (OR EQUIVALENT) ON A SEPARATE SHEET.				
2. STATE INDIVIDUAL HIGH VALUE ITEMS OF EQUIPMENT YOU WISH INSURERS TO BE AWARE OF.					
LIMIT	FOR THIRD PARTY LIABILITY COVER REQUIRED				
LIMIT	FOR WATERSKIERS LIABILITY COVER REQUIRED				
SEC	TION 4 - THE COVER YOU REQUIRE				
NAVIO	GATION LIMIT				
USE	OF THE VESSEL				
1.	PRIVATE PLEASURE	2. SKIPPERED CHARTER			
3.	BAREBOAT CHARTER	4. OTHER (PLEASE SPECIFY)			
IF CH	ARTER USE, HOW MANY FARE PAYING PASSENGERS DC	YOU CARRY			
DO Y	DO YOU SAIL EXTENSIVELY SINGLE-HANDED YES / NO				
IF 'YE	S' GIVE FULL DETAILS				
	DU WISH TO COVER MAST SPARS SAILS AND RIGGING W	HILST RACING YES / NO			
	S' STATE WHETHER OFFSHORE OR LOCAL CLUB RACING				
	O STATE WILLIER OF SHORE OR EGOAL GLOB NACING	JANUT GEETEL EAGENENT VALGE			
DO Y	DU HAVE ANY ADDITIONAL REQUIREMENTS (PLEASE SPE	ECIFY)			
DEC	CLARATION				
All material facts must be disclosed to Insurers whether or not the subject of a specific question in this document. A material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt about whether fact would be considered material you should disclose them.					
and		correct and complete in every respect to my knowledge shall for the basis of the contract of insurance between			
I further declare and agree that if the statement and particulars above have been completed in the handwriting of any person other than the undersigned, such person shall be deemed to be the agent of the proposer for the purpose of completion purpose.					

Signed: Date.