



# PROPOSAL FORM

*The Specialist in Yacht and Superyacht Insurance  
In association with New World Marine Insurance Consultants Ltd*

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

*Name of Vessel:..... Classification.....*

*Port of Registry: .....Flagged State.....*

*Registration No: .....IMO 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 Speed..... Knots

If a Sailing Vessel

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

please name ..... Sail Area: ..... Metres<sup>2</sup> or Feet<sup>2</sup>

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

please name ..... 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**

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



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  
If "YES" please advise number of crew

Do you require: Medical and/or Personal Accident & Illness Insurance for Crew? YES NO  
If "YES" please supply crew list with the following information

- (a) Name (b) Nationality (c) Age, d.o.b (d) Position held on board
- (e) Have there been any accidents/ illnesses in the last 3 years. Name crew member
- (f) Monthly salary of each crew member



**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***

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