



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.....

Call Sign.....Yacht's Guest Carrying Capacity.....

Name to be Insured:Nationality.....Date of Birth.....

Profession/Occupation/Type of Business.....
(Note: "Director" or other General Term is not acceptable)

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

Telephone (incl code).....Mobile:.....

Email:.....

IF COMPANY OWNED

Company Name

Beneficial Owner:

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

Type of Business:

Telephone (incl code).....Mobile

Email:



*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

Type of Drive Unit: Outboard/Inboard/Stern Drive/Surface Drives/ Jets/IPS/Azipods

Number:..... Make/Model: Total h.p.....

Serial numbers: Port: Starboard..... Year Built.....

Fuel Type:.....Max. Design Speed.....Knots

IF SAILING VESSEL

Type: **Masthead or Fractional**.....**Sloop**.....**Ketch**.....**Yawl**.....

Or Other Name..... Sail AreaMetres² or Feet²

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

State the Value and Age of the mast, spars, sails and rigging. **Value**:.....**Age**:.....

Will the Vessel be Raced? **YES/NO** If **“YES”** give details of racing:

.....

NAVIGATION

Cruising area.....

.....

Yacht's home Port..... In Commission Period.....

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

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>Hull & Machinery, Gear and Equipment</i>			
<i>Tenders & Engine details</i> <i>Make/Model Age Length Engine</i>			
<i>Outboards h.p.</i> <i>Make/Model Age Serial nos.</i>			
<i>Jet Skis / Jet Boat & Engine details</i> <i>Make/Model Age Serial No. Engine</i>			
<i>Wet Bikes & Engine details</i> <i>Make/Model Age Serial No. Engine</i>			
<i>Windsurfers Number</i> <i>Make</i>			
<i>Diving Equipment details</i>			
<i>Personal Effects</i> <i>(Itemise if over £1,000 or equivalent currency on attached list)</i>			
<i>Other Equipment</i> <i>Trailer</i> <i>Liferaft</i> <i>Cradle</i>			
<i>Attach schedule of Personal Effects, or Other Equipment, if necessary</i>	<i>Total Value To Be Insured</i>		



PERSONAL EFFECTS

(Please use additional attachments, if necessary)

OWNER

<i><u>ITEM</u></i>	<i><u>AGE</u></i>	<i><u>VALUE</u></i>

CREW

<i><u>NAME</u></i>	<i><u>ITEM</u></i>	<i><u>AGE</u></i>	<i><u>VALUE</u></i>



CREW INSURANCE

Do you require: Medical and/or Personal Accident & Illness Insurance for Crew?

YES NO

If "YES" attach crew list with the following information:-

- (a) Name*
- (b) Nationality*
- (c) Date of Birth*
- (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*

GENERAL INFORMATION

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.....

.....

SAFETY PRECAUTIONS

Fire Extinguishers *(attach schedule if necessary)*

State the number and make of Fire Extinguishers on board

*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



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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