

YACHT INSURANCE COVER PROPOSAL FORM PHOENIX INSURANCE COMPANY LTD

If the vessel is owned by a Private or Limited Company please state the name of the Company and the beneficial owners. If the yacht is owned by more than one Person, a separate proposal form **must** be completed by each part owner.

(Please complete in block capitals)

DETAILS OF PROPOSER	
1. Insured's Full Name:	2. Age:
3. Address:	4. Phone (Work):
(Home):	(Fax):
(Email):	5. Insured Occupation:
6. Beneficial Owner (If not the Insured):	
Occupation:	Nationality:
7. Give details of length and nature of Captain's boating experience including qualifications:	
8. Have you had any accidents, claims or losses in connection with any vessel you have sailed, owned or was under your control within the last 5 years?	
Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details, including dates and amounts paid): 	
9. 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): 	
10. Have you ever had Insurance declined, non-renewed or cancelled?	
Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details): 	
11. Previous Insurers:	Renewal Date:

DETAILS OF YACHT			
12. Name Of Vessel:		13. Type (e.g. Motor or Sail Yacht):	
14. Date of Purchase:		15. Purchase Price:	
16. Year of Build:		17. Builders:	
18. Model:		19. Port of Registry::	
20. Flag:		21. Hull Identification Number::	
22. Class:		23. Current Market Value:	
24. Is the Yacht MCA Certified / Classified? (If applicable)			
<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>			
25. Length:	Beam:	Draft:	Tonnage:
26. Material of Hull:		27. Material of Mast:	
28. Engines (Make / Age):	Number & Horse Power:	Maximum Design Speed:	
29. Surface Drives, jets or similar?	30. Has the Yacht been professionally surveyed in the last three years?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(If Yes please provide the surveyor's name and copy of the survey):		
	Have all the survey recommendations been complied with?		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
31. 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):			
32. Details of fire extinguishing system and other firefighting equipment on board:			
Provide details:			
.....			
Fire Extinguishers:			
<input type="checkbox"/>	Manual		
<input type="checkbox"/>	Water		
<input type="checkbox"/>	Foam		
<input type="checkbox"/>	Automatic		
<input type="checkbox"/>	CO2		
<input type="checkbox"/>	Other (please state)		
33. Currency: USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>			



VALUES TO BE INSURED		
<u>Item</u>	<u>Value</u>	<u>Deductible</u>
34. Yacht		
35. Tenders (Total)		
36. Equipment (Total)		
37. Personal Effects		
38. Fine Art		
39. Total Sum Insured		

TENDER / EQUIPMENT DETAILS	
40. Are the following values included in the Total Sum Insured as stated in number 39 above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
41. Description:	Value:
Description:	Value:
Description:	Value:
Description:	Value:
Description:	Value:

ADDITIONAL COVERAGE	
<u>Coverage</u>	<u>Limit</u>
42. Water-skiers Liability	250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>
43. Third Party Liability	1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 5,000,000 <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>
44. Uninsured Boaters	1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>
45. Employers' Liability	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000 <input type="checkbox"/>
46. Crew PA Policy	Yes <input type="checkbox"/> No <input type="checkbox"/> Including Captain & Crew Yes <input type="checkbox"/> No <input type="checkbox"/>
47. War	Limit as per Total Sum Insured shown in box 39 above.

USE OF VESSEL

48. Details of use:

Private and Pleasure only Skipper Charter Use Bareboat Charter Use

(If Skipper or Bareboat Charter use is required please specify number of weeks):

49. Racing or Regattas:

Yes No

(If Yes please provide details, including the values of the masts, spars, sails and rigging):

50. Mooring location Home Port Spring / Summer:

Please provide details of security at the marina and firefighting facilities:

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51. Mooring location Home Port Fall / Winter:

Please provide details of security at the marina and firefighting facilities:

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52. In Commission months:

Lay up period:

53. Will there be any towed vessels? Yes No

(If Yes please provide full details):

54. Required cruising range:

European and Mediterranean Waters not East of	Degrees East	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mediterranean waters not East of.....	Degrees East	Yes <input type="checkbox"/>	No <input type="checkbox"/>
East and Gulf Coast US, Maine to Pensacola, Bahamas		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Caribbean, excluding Cuba, Colombia & Haiti		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Worldwide		Yes <input type="checkbox"/>	No <input type="checkbox"/>
West Coast USA, Mexico and Canada		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (If Yes please specify)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

55. Do you intend cruising East Coast US Waters below 35 degrees North during the hurricane season 1st July – 15th November?

56. Yard Period? Yes No

(If Yes, please provided full details of period, name and location of shipyard):



CREW DETAILS (if applicable)

57. Total Number of Crew:	58. Permanent Crew including Captain:
59. Temporary Crew:	60. Details of any U.S Nationals:
<p>61. Captains Qualifications:</p> <p>(The Captains CV and License must be submitted to Underwriters for their agreement.)</p> <p>Are crew STWC 95/98 qualified? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ECDIS training? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If Yes please provide full details): </p> <p>.....</p>	
<p>62. Captains Claims Record:</p> <p>Has the Captain had any accidents, claims or losses in connection with any vessel under their control?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If Yes please provide full details): </p> <p>.....</p>	

DECLARATION

You have a duty to disclose all facts that are material to the risk insured, before the cover is placed, when renewed, or altered at any time throughout the duration of the policy. A material fact is a fact which may influence an Insurers assessment of a risk, including its terms and pricing. If you are in any doubt whether a fact is material, it should be disclosed, as failure to disclose such a fact may entitle your Insurer to void your policy from inception.

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief.

I further declare and agree that if this statement and particulars above have been completed in the handwriting of any person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.

Signed:	Full Name:	Date:
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CLIENT NOTIFICATION

Our policy and procedures comply with all known legislation involving the collection, use, storage and disclosure of personal information. You are entitled to access the information we hold concerning you and we can supply a copy of our full policy and procedures on request.

We and our agents need to collect, use and disclose your information in order to consider your application for insurance and provide the cover you have selected, administer your policy and handle any claim. This may involve disclosing your information to third parties who assist in providing such services.

If you provide information concerning another person who you represent, eg as their broker or agent, you are confirming that you have made them aware that their information is being disclosed to us and that you have their authority to do so.

By supplying personal information to us you are confirming that you have understood the above and that it meets with your approval'.

