

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SECTION 1 DETAILS OF PROPOSAL

1. a. Name of Proposer: _____
- b. Mailing Address: _____ Postal Code: _____
- c. VAT No./TRN (where applicable): _____
- d. Contact Nos.: (H) _____ (W) _____ (M) _____ (F) _____
- e. Email address: _____
- f. Occupation: _____ g. Date of Birth: _____
- h. Name and Address of Mortgagee (or other insured): _____
- i. Have you or any member of your family normally residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence (other than driving offences)? Yes No
- j. Have you, or any person in i. above, suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs? Yes No

If Yes, to either i. or j. above, give details:

2. a. What are your special qualifications for Boat handling, e.g., Yacht Masters Certificate?

- b. Number of years as owner or crew of this type of Craft: _____
- c. What accidents, incidents, losses or insurance claims have happened during the past five years in connection with any vessel you have sailed or owned?

- d. Have you previously insured any vessel? Yes No If Yes, state which insurer: _____
- e. Have you ever had an insurance on your boat (i) cancelled (ii) refused at renewal or (iii) renewed only at increased terms? Yes No If Yes, state circumstances:

3. Period of Insurance: 12 months from: _____

4. Berth - Vessel will be based: Ashore when not in use Afloat on moorings at (if marina, state name. If not a marina, give details of type of mooring and precise location):

5. Do you require the vessel to be insured during any inland transits? Yes No If Yes, please give details:

6. How and where will the vessel be protected in case of hurricane warning?

7. Will the vessel be laid up ashore out of commission for part of the year? Yes No If Yes, please give dates:

Give details of location, where vessel will be stored whilst laid up and care taking arrangements:

8. Navigating Limits - State cruising range required: _____

9. a. Is this vessel used for private pleasure only? Yes No If No, state intended use:

- b. Do you have a full time professional Master? Yes No If Yes, please give details of his sailings experience with this type of boat and with this particular boat:

- c. Will any other person be allowed to be in charge? Yes No If Yes, give details:

- d. Will the vessel be sailed single-handed? Yes No

- e. Will vessel be used for water skiing, aqua planing or any similar sport? Yes No If Yes, give details:

(Parent vessel or tender)

- f. Will vessel be involved in racing? Yes No If Yes, give details:

10.	Hull Details		Main Engine Details	
	Name of Vessel		Type: <input type="checkbox"/> Single <input type="checkbox"/> Twin	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard
	Type/Class		Make/Model	
	Manufacturer		Engine Serial No(s).	
	Serial No./Reg. No.		Horsepower of each	
	Year Built		Fuel Used	
	Length - Overall:	Beam:	Year of Make	
	Material of Hull			

a. If inboard engine(s), are they the original engines installed by the builder of the Hull? Yes No If No, attach note giving details.

b. Max. designed speed with present engine(s): _____

c. Has the vessel proposed for insurance been subject to (a) conversion, (b) modification or (c) amateur construction? Yes No If Yes, give full details:

d. What system is used for:

i. Lighting: _____

ii. Cooking: _____

iii. Heating: _____

e. Details of Fire Extinguisher System: _____

f. Has the vessel been surveyed by a qualified surveyor? Yes No If Yes, please provide copy of report.

11. Details of Dinghy/Tender to parent vessel:

Manufacturer: _____ Year built: _____ Length: _____

ID/Serial No.: _____ Manufacturers' ID/Serial No.: _____

12. Details of any auxiliary outboard motors (not already shown above):

13. Details of Trailer:

Manufacturer: _____ Year built: _____

ID/Serial No.: _____

14.	Schedule of Insurance	Value to be Insured	Purchase Date	Purchase Price
	Hull & Equipment incl. Inboard Engine (if any)			
	Outboard Motor(s) to Parent Vessel			
	Special Equipment (attach values list)			
	Dinghy/Tender to Parent Vessel (must be permanently marked with name of Parent Vessel)			
	Outboard Motor(s) to Dinghy/Tender			
	Trailer			
	Personal Effects (max. \$500 insured unless higher figure requested)		Not Applicable	Not Applicable
	Total to be Insured		Not Applicable	Not Applicable

15. Liability to Third Parties - Please state limit of Indemnity required: _____
Do you require cover in respect of liability to and of water skiers or persons engaged in similar water sports from your boat? (Restricted limit may apply) Yes No
16. Medical Payments Limit - \$2,000 applies unless otherwise agreed. Please state higher limit if required: _____
17. Racing Risk Extension (if required for sailing vessels)
Please state total new replacement value of sails, masts, spars, standing and running rigging: _____
18. Do you wish to bear a voluntary deductible in addition to any compulsory deductible required by the Company?
 Yes No If Yes, please indicate the additional amount required: _____
19. Please provide any other information likely to influence the Company in regard to this proposal:

SECTION 2 DECLARATION

I/We hereby declare that, to the best of my/our knowledge and belief, the particulars and answers are true and correct and that I/we have not withheld any information which is likely to influence the decision of the Company in regard to this Proposal. Signing 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 a Policy be issued. No liability attaches to the Company until this Proposal has been accepted.

Proposer Name (Please print) _____

Signature _____ Date _____