

Superyacht Enquiry Form

OWNER/POLICY HOLDER

Name:		
Address:		
Telephone:	Fax:	E-mail:
Mailing Address:		
Telephone:	Fax:	E-mail:

Have you ever had a hull insurance policy?

a) for this vessel?

b) for another vessel?

Have you had any accidents/claims during the past 5 years?

If yes, please provide details concerning the nature and amount of the claim:

Renewal date of existing policy:

Anticipated date of commencement of policy:

Where have you been insured previously?

CREW

Name of Master/Skipper:

Qualification and experience of Master/Skipper:

How many permanent crew members staff the yacht:

PURPOSES

Will the vessel be used for private and pleasure?
(including business entertainment)

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Will the vessel be chartered?

Yes

No

Will you take fare-paying passengers?

Yes

No

PARTICULARS OF THE VESSEL

Name:		
Year Built:	Type:	Shipyard:
Material:	Classification:	Valid until:

Is there a helicopter landing pad on board?

Yes

No

Is the vessel MCA certified?

Yes

No

LOA:	Beam:	Draft:
Gross Tonnage:	Sail Area (Close hauled in m ²):	Mast Material:
Mast Builder:	Number and Type of Motor(s):	
HP (each engine):	Type of Propulsion:	Maximum Speed:
Flag:	Country of Registration:	Homeport:
Cruising Area/12 months itinerary:		

For how long have you been the owner of this vessel?

CURRENCY

Please state your desired currency?

USD

GBP

EUR

HULL INSURANCE

Value of vessel, including entire equipment, inventory and machinery:

Valuables (i.e. Fine Arts, Persian carpets, etc.):

Please provide us with a separate list and the sums to be insured

Personal Effects:

Total Value = Agreed Fixed Value:

Deductible/Excess preferred:

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TENDER 1

Name:
Year Built:
Type:
Material:
Shipyard:
Motor(s) (Type and HP):
Value of Tender:
Value of Outboard Motor(s):
Total Value:

TENDER 2

Name:
Year Built:
Type:
Material:
Shipyard:
Motor(s) (Type and HP):
Value of Tender:
Value of Outboard Motor(s):
Total Value:

CONFISCATION, STRIKE AND WAR COVER

Would you like to insure the vessel against the risks of Confiscation, Strike and War?

Yes

No

Third Party Liability Insurance: (please give the preferred sum of indemnity)

Personal Injury and/or Property Damage

combined single limits.

Personal Accident insurance:

(Appropriate death and permanent disablement benefits will be suggested in your quotation.)

What would be the maximum number of family/guests sleeping on board the vessel at any one time?

(The sums insured will be divided by the number of persons on board.)

Paid Crew:

Is accident cover required for the paid crew?

Yes

No

Is medical expenses cover required for the paid crew?

Yes

No

Please attach as a separate sheet any additional remarks relevant to the assessment of the risk.

I hereby declare that the above information is correct and complete. I agree that the above shall serve as the basis of the insurance contract. I understand that this enquiry does not bind me to complete the insurance.

Date:

Signature:

Contact

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