



YACHT INSURANCE PROGRAM

APPLICATION FORM

Please note that it is a duty of the Assured to provide full and accurate information to Underwriters and failure to do so may result in Underwriters' right to reject a claim which relates to circumstances, which should have been disclosed or which are subject to misleading or inaccurate information.

1. ASSURED:

Name:	
Contact person:	
Registration number:	
Date of incorporation:	
Address:	
Telephone:	
Web page:	
E-mail:	

2. YOUR INSURANCE BROKER:

Name:	
Contact person:	
Registration number:	
Address:	
Telephone:	
E-mail:	

3. VESSEL DETAILS:

GENERAL:

Name:	
Official/IMO number:	
Builder:	
Model:	
Flag:	
Classification Society:	
Year Built:	
Length / Breadth / Draught:	
Material:	
Insured Value:	

PROPULSION:

Manufacturer:	
Model:	
Number of engines:	
Year built:	
HP (each):	
Maximum designed speed:	

TYPE OF USE:

- Private pleasure
- Charter with own crew
- Bareboat charter
- Racing

CREW DETAILS:

Is there a permanent crew on board?

Yes No

If **YES** the number of permanent crew on board:

Of which the number of

Permanent crew is:

Seasonal crew is:

3. NAVIGATIONAL AREAS AND LAY UP INFORMATION:

Please indicate navigational areas for your vessel:

Please indicate whether your vessel is laid up out of water Yes No

If **YES**, please indicate lay up place and period.

4. INSURANCE COVER REQUIRED:

Please indicate which of the following covers is required:

- Hull and machinery
- Increased value *Sum Insured:* _____
- Third party liability *Limit required:* _____
- Personal effects *Sum Insured:* _____

The following additional covers are available on request and are subject to additional premium. Please indicate if you wish that any of below covers to be included in insurance cover:

- Personal effects *Sum Insured:* _____
- Water Skiers' Liability *Limit required:* _____
- War and Strikes
- Uninsured boater clause
- Medical payment clause
- Marine individual
- Machinery damage extension clause
- Deletion of Speedboat Clause (cl. 19) for yacht with maximum speed higher than 17 knots

Is your vessel currently insured? Yes No

Who is your current Insurer? _____

When is your current insurance expiring? _____

5. LOSS RECORD

Please provide us with formal loss record from your current Insurers or give us detailed list of claims made against your company showing date and nature of claims and the amounts claimed from you. Such record should be for three last years as a minimum.

Date	Type (nature) of claim, description	Claim amount	Comments

SIGNED:

DATED:

DATA PROTECTION NOTICE: For the safe data transition please download to save the enquiry form on your computer and fill it from there. After process with SUBMIT bottom. It will automatically generate an e-mail with the enquiry form attached therein and which will be sent directly to info@underwriting.lv.