

INSURANCE BACKED PERFORMANCE GUARANTEE YACHT COATINGS: APPLICATION FORM

PROJECT

YACHT NAME / BUILDING N°		NB	REFIT / REPAIR
DESCRIPTION OF PROJECT			
EXPECTED STARTING DATE	DELIVERY DATE COATING	TO OWNER	

POLICY HOLDER

COMPANY NAME		
ADDRESS		PHONE
CONTACT NAME (NAME, SURNAME)	PHONE	EMAIL
VAT OR REGISTRATION N°		

INSURANCE BROKER OR AGENT

COMPANY NAME	ADDRESS
CONTACT NAME (NAME, SURNAME)	PHONE

COATING MANUFACTURER

COMPANY NAME	ADDRESS
CONTACT NAME (NAME, SURNAME)	PHONE

COATING APPLICATOR

COMPANY NAME	ADDRESS
CONTACT NAME (NAME, SURNAME)	PHONE

SHIPYARD - REPAIR YARD

COMPANY NAME	ADDRESS
CONTACT NAME (NAME, SURNAME)	PHONE

BENEFICIARY OF THE GUARANTEE (IF NOT SAME AS POLICY HOLDER)

COMPANY NAME

ADDRESS

DESCRIPTION OF WORKS & AMOUNT INSURED

PART(S) OF YACHT TO BE INSURED (E.G. UW HULL, AW HULL, SUPERSTRUCTURES, TANKS, VOID SPACES, MASTS, ETC.)

SUM TO BE INSURED (SURFACE PREPARATION + COATING + APPLICATION COST)

ALL AMOUNTS IN

EUR

USD

TOTAL M² (SQ. M)

UW HULL

AW HULL

SUPERSTRUCTURES

TANKS

MASTS

INSURED AMOUNT PER M² / LIMIT PER M²

ADDITIONAL SUM INSURED

SHIPYARD COSTS

OTHER (DE- & REMAST, HAULING & LIFTING, SCAFFOLDING, ..)

DESCRIPTION OF THE COATING SYSTEM(S) OR ATTACH COPY OF COATING SPECIFICATION

SCOPE OF GUARANTEE (DEFINITION OF INSURED DEFECTS)

DURATION OF GUARANTEE (FROM DELIVERY DATE COATING WORKS)

10 MONTHS

16 MONTHS

28 MONTHS

36 MONTHS (FOR ANTICORROSION ONLY)

CORROSION IF EQUAL OR MORE THAN RUST DEGREE R11
ACCORDING TO ISO STANDARD 4628-3

Yes

No

BLISTERING, CRACKING, FLAKING (INCL. DETACHMENT) IF EQUAL OR MORE THAN SIZE 1, QUANTITY (DENSITY) 1
ACCORDING TO ISO STANDARD 4628-2-4-5:2003

Yes

No

LOSS OF GLOSS IF MORE THAN:

(A) WHITE, WHISPER GREY, VESTAL WHITE: 12.5% IN FIRST YEAR, 25% IN SECOND YEAR;

(B) OTHER COLOURS, DARK COLOURS & METALLIC'S: 20% IN FIRST YEAR, 40% IN SECOND YEAR

ACCORDING TO ISO 2813

Yes

No

LOSS OF COLOUR:

IF MORE THAN 4 CIELAB UNITS IN THE FIRST YEAR, AND MORE THAN 8 CIELAB UNITS IN THE SECOND YEAR

ACCORDING TO ASTM D2244-89

Yes

No

COMPULSORY SPOT INSPECTIONS

To obtain a formal quote, please contact IICIN (International Independent Coating Inspectors Network)

Mrs Regine BUYSSCHAERT at phone +32 475 523 401 or by email at regine@iicin.com

NAME OF COATING INSPECTOR ((IF ALREADY KNOWN))

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION WHICH MIGHT INFLUENCE OUR QUOTATION

APPLICATION FOR INSURANCE

APPLICATION SUBMITTED BY

APPLICATION DATE

This insurance application is intended to allow the study of an insurance risk; it does not bind either the insurer or the applicant for insurance.

The insurance policy will be established on the basis of the above information, misrepresentation, omission or withholding of material facts may lead to sanction under the German Insurance Code. For marine insurance you are reminded that the insured, in addition to answers to questions in this Proposal form for risk analysis, must report all material facts known to him which are likely to influence the insurable risk proposed.

Computerized data processing and individual rights:

As required by law for closing and management of the policy and its covers, the items of information regarding an insured is intended for MARINE UNDERWRITING SERVICES SIA and HDI GLOBAL SPECIALTY SE, service providers, subcontractors, representatives, co insurers, reinsurers and professional bodies. In the management of claims, your data may be transmitted to a professional body, as well as to investigators, for the purpose of combating insurance fraud.

Unless you object thereto, that information may also be transmitted to other MARINE UNDERWRITING SERVICES SIA and HDI GLOBAL SPECIALTY SE entities and their partners for commercial purposes.