

Yachts and Pleasure Craft Proposal Form

Date of Annual Insurance to Start: _____

You must answer the following questions honestly, truthfully and accurately. A failure to do so may mean that your policy may be avoided since the insurer will rely on the information you provide when entering into the policy.

SECTION 1: DETAILS OF PROPOSER

1. Full Name:

2. Address:

3. Telephone Number:

4. Mobile Number:

5. Fax Number:

6. Email Address:

7. Age:

8. Occupation:

9. Please provide your experience;

	Number of Years
In this type of craft:	
In craft generally:	
Professional Skipper and Crew	

3. Have you or any person you may allow to use the vessel been charged with or convicted of a offence involving dishonesty of any kind (i.e: Fraud, Arson, Robbery, Smuggling, Theft or handling stolen goods)? If **YES** please provide full details below:

YES **NO**

SECTION 3: DETAILS OF VESSEL

1. Vessel's Name:

2. Previous Name:

3. Type:

4. Builders Name:

5. Year Built:

6. Length:

7. Beam:

8. Material of Hull (if this is not Professionally built full details must be provided.

Material of Mast

9. Please state make & model of Tender/Dinghy and its outboard (including horse power and serial number):

10. Please state the purchase date of the vessel (including Tender, Outboard and additional equipment):

11. Exact Purchase Price:

12. Is the vessel subject to a Marine Mortgage or other Finance Agreement? **YES NO**

If **YES** please provide full details:

13. Port of Registry:

14. Flag:

15. Classed:

16. IMO Number:

17. Gross Tonnage:

SECTION 4: ENGINES/MACHINERY DETAILS

1. Make & Model:

2. Year Built:

3. Horse Power:

4. Type (Inboard /
Outboard)

5. Fuel Used:

6. Number of Engines:

7. Serial Number of
Outboard:

8. Is the Engine turbo charged: YES NO

9. Is the propulsion Surface Drives, Pods, Jets and/or similar YES NO

If **YES** please provide full details:

10. Maximum Design
Speed of Vessel in
knots:

If the vessel has a maximum designed speed in excess of 17 knots and has Inboard machinery it is important to comply with the conditions of Insurance that automatic or a remote controlled fire extinguishing system in the ENGINE ROOM, TANK SPACE, AND GALLEY are fitted and operational. If not, you must give details, as restrictive cover may apply

11. Please state type and location of all fire extinguishers:

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SECTION 5: NAVIGATION AND USE OF VESSEL

1. Required Navigation Limits:

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Should the Navigating Requirements include Named Windstorm and/or Cyclone Areas the appropriate Hurricane Plan and Questionnaire can be provided and such coverage will not be in force until such Plan and Questionnaire is approved by Underwriters. (This Form can be provided upon request).

2. The vessel will be in commission from:

	To:	
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3. Mooring Location:

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4. The mooring type is (Please specify):

Marina pontoon:	
Marina stern to:	
Piles:	
Swinging:	
Fore & Aft:	
Other (Please State):	

- b) Permanent Crew including captain
- c) Temporary Crew
- d) Details of any US Nationals
- e) Captain Qualifications and Claims Record – The Captains CV and License must be submitted for Underwriters approval/acceptance.
- f) If required a separate Yacht Crew Personal Accident and Medical Cover can be provided upon request and completion of an Application Form.

5. Do you use the vessel for racing: **YES** **NO**

If **YES**, please state whether local or offshore racing and expected events participating in:

Local Club / Offshore:

6. If you wish to cover the mast, spars sails and rigging whilst racing please provide the full replacement value:

- 7. Will the vessel be transported by road trailer? **YES** **NO**
- 8. Will the vessel be used for permanent residential purposes: **YES** **NO**
- 9. Do you currently qualify for a No Claims Discount? **YES** **NO**

If **YES**, proof of entitlement will be required. Please include this within the proposal form. Failure to provide this may affect the quotation provided.

SECTION 7: VALUE TO BE INSURED

1. Currency (please delete as applicable) GBP / EUR / USD / Other (Please specify):

Sums Insured:

Hull, Machinery, Gear & Equipment:	
Tender / Dinghy:	
Outboard Motor:	
Trailer:	
Personal Effects:	
Other:	
TOTAL SUM INSURED:	

The Insured Values will be based on the "price paid" and should reflect the current market value in the event the sum insured is substantially different to that of the "price paid" a justification in value may be requested.

Notes: Personal Effects

- a) Individual items of personal effects valued greater than GBP 250.00 (or equivalent) should be separately declared.
- b) Any individual high value items of equipment you wish Insurers to be aware of should be separately declared.

DATA PROTECTION STATEMENT

Besso Limited will use the information that you supply to administer your policy and deal with any claims. In addition your information will be used for the purposes of business development and trend, business and market analysis. Your information will be kept for as long as is required by the business for these purposes. Where appropriate we will make checks with a licensed credit referencing agency and a record of any search will be made. Your details may be shared with insurance companies and members of the Lloyd's market for the purposes of administering your policy and for dealing with any claims. We will only reveal your personal data to other third parties if it is necessary for the performance of your agreement with us, you have given your consent or it is required or permitted by law. You can request a copy of the details that we hold about you. In the course of providing you with the services you have requested your data may be transferred to countries outside the

European Economic Area. Although the data protection laws in some of these countries may not be as rigorous as those of the UK, we always take steps to ensure the security of your data.

We will not supply your personal information to any third party for the purposes of marketing and we will not contact you with details of any services or special offers that might be of interest to you.

Statement of Fact

We require that you confirm that the statements listed above are true and accurate at the date stated below, however, any changes during the policy period must be provided to us as soon as practicable.

Signed:

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Capacity:

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Date:

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The signing of this form does not bind the proposer or the Insurer to complete this Insurance.

IMPORTANT: The proposer should keep a record, including copies of the proposal form and letters of all information supplied to the Underwriters for the purpose of entering into the contract. A copy of the completed proposal form will be supplied upon request.