

1. Particulars of Client

Name of the insured:	
Address:	
Tel:	Fax:
Mailing Address:	
Tel:	Fax:

2. Particulars of Vessel

Name:		Year Built:		
Type:		Shipyard:		
Material:	Classification:		GRT:	
LOA(m):	Beam(m):	Draft(m):		
Sail Area:	Mast Material:	Mast Manufacturer:		
Number and type of Motor(s):		HP (each engine):		
Type of Propulsion:		Maximum Speed:		
Flag:	Country of Registration:			
Homeport:				
Cruising Area/12 month itinerary:				
How many permanent crew members staff the yacht?				
Name of Master/Skipper:				
Qualifications and experience of Master/Skipper:				
Please indicate your desired currency:	Euro	USD	CHF	GBP

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Financial Services Authority

PLYMOUTH
Marine Building, Victoria Wharf,
Plymouth, Devon, PL4 0RF
Phone + 44 (0) 1752 22-36 56
Fax + 44 (0) 1752-22-36 37

FOR CLAIMS DEPARTMENT
Phone + 44(0) 1752-22 66 12
Fax + 44(0) 1752-22 63 94
Claims Helpline +44 (0) 1752-60 11 66
(Emergency Use Only)

PANTAENIUS
ONLINE
www.pantaenius.co.uk
E-Mail: info@pantaenius.co.uk



3. Hull Insurance

Value of the vessel, including the entire equipment, inventory and machinery:	
Valuables (i.e. art objects, Persian carpets etc): Please provide us with a separate list and the sum to be insured.	
Personal Effects:	
TOTAL VALUE = Agreed fixed Value:	
Deductible/Excess preferred:	

Will the vessel be used solely for private and pleasure purposes (including business entertainment)?	Yes:	No:
Will the vessel be used for crewed charter?	Yes:	No:
For how long have you been the owner of this vessel?		
Have you ever had a hull insurance policy?		
a) for this vessel?	Yes:	No:
b) for another vessel?	Yes:	No:
Have you had any accidents/claims during the past 5 years?	Yes:	No:
If yes, please provide details concerning the nature and amount of the claim:		
Renewal date of existing policy:		
Anticipated date of commencement of policy:		

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4. Tender(s)

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

5. War, Strike and Confiscation

Would you like to insure the vessel against the risk of War, Strike and Confiscation	Yes:	No:
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6. Third Party Liability Insurance (please indicate the preferred level of indemnity)

Personal Injury and / or Property Damage	_____	combined single limits.
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7. 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 would be divided by the number of persons on board)	
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Paid Crew

Is accident cover required for the paid crew?	Yes:	No:
Is medical expenses cover required for the paid crew?	Yes:	No:

8. Miscellaneous

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.

Signed _____

Date _____

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