

YACHT OWNERS CREW LIABILITY APPLICATION FORM

Name of vessel: Built:

Flag: Port of Registry:

Gross Tonnage:

Trading area:

Assured:

Co-Assured: Capacity:.....

No. of crew:

Nationality of crew:.....

No. of USA crew:.....

Limit: As per quotation

Personal accident or medical expense cover in place ? : Yes / No

Have there been any EL claims in the last 3 years ? : Yes / No
(If yes, please provide details)

Please provide us with a copy of the crew contract(s) for approval before cover to attach.
For US nationals or crew employed on US flag vessels a satisfactory pre-medical examination or doctors certificate to be provided before cover attaches.

Signature:

.....

Non-disclosure

All material facts must be disclosed, failure to do so may invalidate your insurance. A material fact is one which is likely to influence an Insurer or his Agent in the assessment or acceptance of a risk. If in doubt whether facts would be considered material, you should disclose them. Please remember to advise us on any change in circumstances.

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