PANTAENIUS
Yacht Insurance

CREW ACCIDENT APPLICATION FORM

Policyholder:	Customer Number:

Name (Captain First)	Date of Birth	Nationality	Date of Joining

Level of Indemnity Required:

Captain	Death:		**Crew**	Death:	
	Disability:			Disability:	

Signed_____

Date_____

Pantaenius UK Ltd • Marine Building • Victoria Wharf • Plymouth • Devon • PL4 0RF
Tel. +44 01752 223656 • Fax +44 01752 223637
www.pantaenius.co.uk • info@pantaenius.co.uk