



Web site: www.marine-special-risks.com
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MARINE SPECIAL RISKS ASSURANCES



YACHT APPLICATION FORM

1. INSURED INFORMATION

Vessel Name					
Owner(s) Name					
LLC Name					
Date of Birth	MM/DD/YYYY	Telephone Number			
Address		State		Zip Code	
Occupation					
Lienholder		State		Zip Code	
Additional Insured(s)		State		Zip Code	
Cover Start Date	MM/DD/YYYY				

2. VESSEL INFORMATION

Year		Length (ft)		Max Speed (knots)	
Hull Material		Mast Material			
Manufacturer		Model			
Hull ID		Flag			
Date Purchased		Purchase Price		Present Value	
Date of Last Survey		Date of Next Planned Survey			
Is/Will the boat be for sale during the next 12 months?	Yes / No	Asking Price			

2a. Additional Features

Auto Fire Extinguishers	Yes / No	Anti-theft Devices	Yes / No	IPS Drives	Yes / No	Jet Drives	Yes / No
Surface Drives	Yes / No	Arneson Drives	Yes / No	GPS Tracker	Yes / No	Pod Drives	Yes / No

2b. Engine Details

Engine	Manufacturer	H.P	Year	Gasoline or Diesel
1				
2				
3				
4				

2c. Tender Details

Year		Length	
Manufacturer		Model	
Purchase Price		Present Value	

3. **NAVIGATION**

Main Mooring		Zip Code	
Navigational Requirements			
Will vessel be located between 12°40' North to 23°30' North by 55°- 85° West during June 1st to November 15th?			Yes / No
If Yes , do you require Windstorm Cover?			Yes / No
Will the Vessel be Laid Up?	Yes / No	If Yes, please advise dates:	

4. **OPERATOR(S)**

Name	D.O.B	Paid Crew?	Experience (Years and Boats Operated)	Boating Qualifications	Details of any Criminal Convictions
	MM/DD/YY	Yes / No			
	MM/DD/YY	Yes / No			
	MM/DD/YY	Yes / No			
		Yes / No			

5. **NON-OPERATIONAL PAID CREW**

Name	D.O.B	Vessel Role	Experience	Details of any Criminal Convictions
	MM/DD/YY			
	MM/DD/YY			

6. **CLAIMS INFORMATION**

Any Claims in the Last 10 years? (If Yes Please Detail Below)			Yes / No
Any Total Loss? (If Yes Please detail below)			Yes / No
Has the Vessel Suffered any Damage or Undergone Repairs in the Last 5 years?			Yes / No
Name	Date	Cost of Claim	Details

7. COVER REQUIRED

Coverage	Sum Insured (USD / EUR / GBP)		
Hull	USD/EUR/GBP	Hull Deductible	1%/2%/3%/4%/5%
Tender	USD/EUR/GBP	Windstorm Deductible (Minimum 10%)	USD/EUR/GBP
Trailer	USD/EUR/GBP	Jet Ski	USD/EUR/GBP
Life Raft	USD/EUR/GBP	Towing	USD/EUR/GBP
P&I	USD /EUR / GBP: 300,000 / 500,000 / 1,000,000 / 2,000,000		
Passenger P&I	USD /EUR / GBP: 300,000 / 500,000 / 1,000,000 / 2,000,000		
Crew P&I	USD /EUR / GBP: 300,000 / 500,000 / 1,000,000		
Medical	USD/EUR/GBP	Personal Effects	USD/EUR/GBP
Fishing Tackle	USD/EUR/GBP	Lightning Strike Deductible	
Breach of Warranty	USD/EUR/GBP		
Other (Please Specify)			

8. GENERAL INFORMATION

Explain all YES responses in 'Remarks'		Yes	No
1)	Is the Vessel Chartered to others with a Captain?		
2)	Is the Vessel Chartered to others without a Captain?		
3)	Is the Vessel used Commercially or for Business Purposes?		
4)	Do you have Paid Crew? If Yes, how many?		
6)	Is the Vessel used for Racing?		
7)	Is the Vessel used for Water Skiing or Diving?		
8)	Is the Vessel ever Operated Single-Handed?		
9)	Have you had Cover Declined, Cancelled or Non-Renewed in last 10 years?		
Remarks:			

If Chartered, Please Complete:

Max Number of Passengers Per Trip?		Estimated Number of Trips Per Year	
Details of the Charter Operation			

NOTICE:

- This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
- Any misrepresentation in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
- The normal procedure used by the company to evaluate applications may include an investigation consumer and credit report involving information on such things as charter, general reputation, personal characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

APPLICANT SIGNATURE:	DATE:
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Return to : philippe.locquet@marine-special-risks.com