

RFIB YACHT PROPOSAL FORM

If the vessel is owned by a Private or Limited Company please state the name of the Company and the beneficial owners. If the yacht is owned by more than one Person, a separate proposal form **must** be completed by each part owner.
(Please complete in block capitals)

DETAILS OF PROPOSER	
1. Insured's Full Name:	2. Age:
3. Address:	4. Phone (Work):
(Home):	(Fax):
(Email):	(Mobile):
5. Occupation:	
6. Beneficial Owner (If not the Insured):	
7. Give details of length and nature of boating experience including qualifications:	
8. Have you had any accidents, claims or losses in connection with any vessel you have sailed, owned or was under your control? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details, including dates and amounts paid):	
9. Have you or any person you have allowed or may allow to use your yacht, ever been charged with or convicted of any offence involving dishonesty or any other offence which might affect our assessment of the risk? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
10. Have you ever had Insurance declined, non renewed or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
11. Previous Insurers:	Renewal Date:

DETAILS OF YACHT	
12. Name Of Vessel:	13. Type / Model:
14. Date of Purchase:	15. Price Paid:
16. Builders:	17. Year of Build:
18. Port of Registry:	19. Flag:
20. Class:	21. Hull Identification Number:
22. Is the Yacht MCA Certified? (If applicable) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
23. Length:	Beam:
Draft:	Tonnage:
24. Material of Hull:	25. Material of Mast:
26. Engines (Make):	Number & Horse Power:
Maximum Design Speed:	

27. Surface Drives: Yes <input type="checkbox"/> No <input type="checkbox"/>	28. Has the Yacht been professionally surveyed in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide the surveyor's name and copy of the survey):
29. Is the Yacht subject to finance or mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please advise amount of loan and name of lender):	30. Details of fire extinguishing system:
31. Currency: USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>	

VALUES TO BE INSURED		
<u>Item</u>	<u>Value</u>	<u>Deductible</u>
32. Yacht		
33. Tenders (Total)		
34. Equipment (Total)		
35. Personal Effects		
36. Fine Art		
37. Total Sum Insured		

TENDER / EQUIPMENT DETAILS	
38. Are the following values included in the Total Sum Insured as stated in number 37 above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
39. Description:	Value:
Description:	Value:
Description:	Value:
Description:	Value:
Description:	Value:

ADDITIONAL COVERAGE				
<u>Coverage</u>	<u>Limit</u>			
40. Protection & Indemnity	1,000,000 <input type="checkbox"/>	2,000,000 <input type="checkbox"/>	5,000,000 <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
41. Water-skiers Liability	250,000 <input type="checkbox"/>	500,000 <input type="checkbox"/>	1,000,000 <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
42. Third Party Liability	1,000,000 <input type="checkbox"/>	2,000,000 <input type="checkbox"/>	5,000,000 <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
43. Uninsured Boaters	1,000,000 <input type="checkbox"/>	2,000,000 <input type="checkbox"/>	5,000,000 <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
44. Medical Payments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Including Captain & Crew Yes <input type="checkbox"/> No <input type="checkbox"/>		
45. War	Limit as per Total Sum Insured shown in box 37 above.			

USE OF VESSEL
46. Details of use: Private and Pleasure only <input type="checkbox"/> Skipper Charter Use <input type="checkbox"/> Bareboat Charter Use <input type="checkbox"/> (If Skipper or Bareboat Charter use is required please specify number of weeks):

47. Racing or Regattas: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide details, including the values of the masts, spars, sails and rigging):	
48. Mooring location:	
49. In Commission months:	Lay up period:
50. Will there be any towed vessels? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
51. Required cruising range:	
European and Mediterranean Waters not East ofDegrees East	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mediterranean waters not East of.....Degrees East	Yes <input type="checkbox"/> No <input type="checkbox"/>
East and Gulf Coast US, Maine to Pensacola, Bahamas	Yes <input type="checkbox"/> No <input type="checkbox"/>
Caribbean, excluding Cuba, Colombia & Haiti	Yes <input type="checkbox"/> No <input type="checkbox"/>
Worldwide	Yes <input type="checkbox"/> No <input type="checkbox"/>
West Coast USA, Mexico and Canada	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (If Yes please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
52. If cruising East Coast US Waters below 35 degrees North a Hurricane Plan is required, please complete attached form.	

CREW DETAILS (if applicable)	
53. Number of Crew:	54. Permanent Crew including Captain:
55. Temporary Crew:	56. Details of any U.S Nationals:
57. Captains Qualifications: (The Captains CV and License must be submitted to Underwriters for their agreement.)	
58. Captains Claims Record: Has the Captain had any accidents, claims or losses in connection with any vessel under their control? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	

DECLARATION		
<p>All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.</p> <p>I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.</p> <p>I further declare and agree that if this statement and particulars above have been completed in the handwriting of any person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.</p>		
Signed:	Full Name:	Date: