

PROPOSAL FORM

YACHT DETAILS

Name

Builder

Type/Model

Year of Build Rebuild

Purchased Year Price

Dimensions

Length(m) Beam(m) Draft (m)

Gross Tonnage

Engine Details

Type of Propulsion

Engine Make No.

H.P. (each) M.D.S (knots) Year

Type of Hull

Material of Hull

Type of Hull (i.e. Mono)

Material of Mast (if applicable)

Tender/Equipment Details

Description	Value
.....
.....

Are any tenders towed Yes No
(if yes pls provide details)

Fine Art *(items valued over EUR 25,000)*

Description	Value
.....
.....

OWNERSHIP & REGISTRATION DETAILS

Insured Name

Address

Tel

E-Mail

Beneficial Owner

Nationality

Occupation

Yacht Registration

Port of Registry

Flag

Mortgage

Is the yacht subject to a mortgage? Yes No

If YES, please advise amount of loan and name of lender

REGULATIONS & CERTIFICATION

Class?

Is the Yacht MCA Certified Yes No
(if applicable)

Is the Yacht ISM Certified Yes No
(if applicable)

If ISM Certified, please provide details of Designated Person (DP)

Name

Address

Tel

E-Mail

INSURANCE DETAILS

Values to be insured

Currency	Value
.....

Has this Yacht been up for sale in the last 12 months? Yes No

If YES, please advise the advertised sale price.

Date

Date cover required from

PROPOSAL FORM

Previous Insurance

Have you had any accidents/claims/losses in connection with any yacht you have owned within the last 5 years ?

Yes No

Have you ever been refused insurance?

Yes No

If you have answered, *YES for either*, please provide details including. Previous Insurers details.

CREW DETAILS

No. of Professional Crew

Captain's Name

Qualifications

USE

Navigation Limits

Mediterranean Waters Only

European and Mediterranean Waters

Caribbean, European and Mediterranean Waters, *including Transatlantic Crossing*

Caribbean, East Coast USA, European and Mediterranean Waters, *including Transatlantic Crossing*

Worldwide

Other (please specify)

Mooring

Where is the yacht moored?

Use

Private & Pleasure Skipper Charter

Racing

Is the yacht used for racing Yes No

If *YES*, please provide value of mast, spars, sails and rigging

If *YES*, please provide details of regattas / racing

SANCTUM HEALTH

Do you require the following **CREW** welfare coverage

Accidental Death & Disability Benefit?

Yes No

If *YES*, sum insured required

Sick Pay following an Accident?

Yes No

Sick Pay following an Illness?

Yes No

Combined Annual Crew Wage Roll?

Currency/Value*

Medical Welfare

Yes No

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.

*A material fact is one likely to influence acceptance or assessment of this proposal by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This proposal and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

THERE IS AN ONGOING OBLIGATION TO DISCLOSE ALL MATERIAL FACTS DURING THE PERIOD OF THE INSURANCE.

SIGNED

DATE