LJJ 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):	(Mobile):
(Email):	5. Occupation:	
6. Beneficial Owner (If not the Insured):		
7. Give details of length and nature of boating experience including qualifications including previously owned vessels:		
8. Have you had any accidents, claims or losses in connection with any vessel you have sailed, owned or was under your control? **Yes** ☐ **No** ☐ (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** ☐ **No** ☐ (If Yes please provide full details):		
10. Have you ever had Insurance declined, non-renewed or cancelled? **Yes** ☐ **No** ☐ (If Yes please provide full details):		
11. Previous Insurers:	Renewal Date:	

DETAILS OF YACHT	
Name Of Vessel:	13. Type (e.g. Motor Yacht):
14. Date of Purchase:	15. Builders:
16. Model:	17. Year of Build:
18. Port of Registry:	19. Flag:
20. Class:	21. Hull Identification Number:
22. Price Paid:	23. Current Market Value:
24. Is the Yacht MCA Certified? (If applicable) **Yes** ☐ **No** ☐ **N/A** ☐	

25. Length:	Beam:	Draft:	Tonnage:
26. Material of Hull:		27. Material of Mast:	
28. Engines (Make):	Number & Horse Power:	Maximum Design Speed:	
29. Surface Drives: **Yes** ☐ **No** ☐	30. Has the Yacht been professionally surveyed in the last three years? **Yes** ☐ **No** ☐ (If Yes please provide the surveyor's name and copy of the survey): Have all the survey recommendations been complied with? **Yes** ☐ **No** ☐		
31. Is the Yacht subject to finance or mortgage? **Yes** ☐ **No** ☐ (If Yes please advise amount of loan and name of lender):		32. Details of fire extinguishing system:	
33. Currency: **USD** ☐ **EUR** ☐ **GBP**☐ **Other (Please specify)** ☐			

VALUES TO BE INSURED

Item	Value	Deductible
34. Yacht		
35. Tenders (Total)		
36. Equipment (Total)		
37. Personal Effects		
38. Fine Art		
39. **Total Sum Insured**		

TENDER / EQUIPMENT DETAILS

40. Are the following values included in the Total Sum Insured as stated in number 37 above? **Yes** ☐ **No** ☐

41. Description:	Value:
Description:	Value:
Description:	Value:
Description:	Value:
Description:	Value:

ADDITIONAL COVERAGE

Coverage	Limit
42. Protection & Indemnity	**1,000,000** ☐ **2,000,000** ☐ **5,000,000** ☐ **Other (Please specify)** ☐
43. Water-skiers Liability	**250,000** ☐ **500,000** ☐ **1,000,000** ☐ **Other (Please specify)** ☐

44. Third Party Liability	**1,000,000** ☐ **2,000,000** ☐ **5,000,000** ☐ **Other (Please specify)** ☐	
45. Uninsured Boaters	**1,000,000** ☐ **2,000,000** ☐ **5,000,000** ☐ **Other (Please specify)** ☐	
46. Medical Payments	**Yes** ☐ **No** ☐	Excluding Captain & Crew Absolute.
47. War risk cover: **Yes** ☐ **No** ☐	**Limit as per Total Sum Insured shown in box 39 above.**	

USE OF VESSEL

48. Details of use: Private and Pleasure only ☐ Skipper Charter Use ☐ Bareboat Charter Use ☐
(If Skipper or Bareboat Charter use is required please specify number of weeks):

49. Racing or Regattas: **Yes** ☐ **No** ☐
(If Yes please provide details, including the values of the masts, spars, sails and rigging):

50. Mooring location Home Port Spring / Summer:

51. Mooring location Home Port Fall / Winter:

52. In Commission months:	Lay up period:

53. Will there be any towed vessels? **Yes** ☐ **No** ☐
(If Yes please provide full details):

54. Required cruising range ***(single handed sailing excluded unless requested)***:

55. **If cruising East Coast US Waters below 35 degrees North a Hurricane Plan is required, please complete attached form.**

56. Yard Period? **Yes** ☐ **No** ☐
(If Yes, please provided full details of period, name and location of shipyard):

CREW DETAILS (if applicable)

57. Number of Crew:	58. Permanent Crew including Captain:
59. Temporary Crew:	60. Details of any U.S Nationals:

61. Captains Qualifications:
(**The Captains CV and License must be submitted to Underwriters for their agreement.)**

62. Captains Claims Record:
Has the Captain had any accidents, claims or losses in connection with any vessel under their control?
Yes ☐ **No** ☐
(If Yes please provide full details):

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.

Signed:	Full Name:	Date:

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