YACHTLINE
MARINE INSURANCE SOLUTIONS

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Please complete legibly in BLOCK CAPITALS

- **All questions must be answered to the best of your knowledge and belief.**
- **All material facts must be disclosed to Underwriters whether or not the subject of a specific question in this application. A material fact is one which a prudent Underwriter would regard as likely to influence acceptance or assessment of this application. Non-disclosure or misrepresentation of material facts may nullify any Policy or Certificate issued. If you are in any doubt whether facts would be considered material, you should disclose them.**
- **If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer.**

DETAILS OF THE APPLICANT

Insured's Name: ………………………………………… Tel: Home: ………………………………..

Address: …………………………………………………… Tel: Office: ……………………………

……………………………………………………….. Fax: …………………………………………

Name of beneficial owner(s) if Insured a Company or Corporation: ……………………………………….

………

Insured's Occupation (Director of Company is insufficient): ………………………………………………..

……….

Is the vessel subject to finance/mortgage? [ ] YES [ ] NO. If "YES" please state name & address of Mortgagee or Loss Payee: ……….

……….

Amount of Loan: US$ ………………………………… Period of Loan:………………………………………..

Sailing experience & qualifications of Insured/Operator: …………………………………………………………

…….

Previous vessels owned by Insured/Operator:……………………..………………………………………………………….

……………………..……

Have you had any accidents/claims/losses in connection with any vessel you have sailed or owned during the last 5 years? [ ] YES [ ] NO. If "YES" please provide details, including dates and amounts paid:

……………………………………………………..………

………….……

………….……

Have you ever had an insurance for any vessel declined, cancelled or renewed only at an Increased rate? [ ] YES [ ] NO. If "YES" please provide details:

………

………

Have you or any person you may allow to use your vessel, ever been charged with or convicted of any offence involving dishonesty of any kind, for example, fraud, arson, robbery, smuggling, theft or handling stolen goods? [ ] YES [ ] NO. If "YES" please provide details:

……

………

Name of previous Insurers: ….……

DETAILS OF VESSEL

Name of Vessel:………………………………………….………. Type/Model: …………………………………………………..

Builder: ………………………………………… Port of Registry: ……………………………… Flag:..…………………..…….

Material of Hull:………………………….. Hull Identification No: ………………… Year Built: ………………

Length Overall:………………………….. Beam:……………………. Draft:…………………….

Type of Hull: e.g. Monohull, Catamaran or Trimaran: ……………………………………………

Type of Rig: e.g. Masthead or Fractional: ………………………………………………………………..

Sail Area (if applicable):………………..… Maximum Designed Speed: ………… m.p.h./knots

Date vessel purchased:………………………………. Price paid: US$ ….……………………………….

Do you have a professional survey and valuation for the vessel? If "YES", please provide surveyor's name and a copy of the survey:

………

DETAILS OF MACHINERY & EQUIPMENT

Make and model of engine(s):…….

Year built:……………………. H.P. (Total):…………… Number of engines:……………

Type: e.g. Inboard, Outboard, Sterndrive, Surface-drive or Jet:……………………………………………….

Type of fuel used: e.g. Gasoline or Diesel:………………………………………………………………………..

Type and number of fire extinguishers: e.g. Manual, Automatic, Handheld, Water, CO2 or Foam:

…….

Location of extinguishers and sizes: ……………………………………………………………………………………….

…….

Type of bilge pump equipment:……………………………………………………………………………………………………….

Details of safety equipment: e.g. Type of Liferaft, Number of Lifejackets, Number and type of Flares (e.g. coastal, offshore etc):
……

……

Is the vessel equipped with VHF and GPS?: ……………………………………………………………………..

Type and age of Dinghy(ies)/Tender(s): ……………………………………………………………………………………………..
(Please confirm that the tender is permanently marked with the name of the Vessel and/or advise individual means of identification or details of model, year, serial number).

Type, h.p., age and serial number(s) of Outboard(s), confirm locked to vessel by an anti theft device.………………………………

USE OF VESSEL & COVERAGE

Please specify the purposes for which the vessel will be used: e.g. Private Pleasure or Skippered Charter. If used for Day Charter, please state maximum number of passengers carried:

……

Where will the vessel normally be moored? If marina based, please state name and exact location, if in Florida the county must be stated:

……

Please state type of mooring: e.g. Marina pontoon, Marina stern to, Swing, Fore & aft or Pile:

………

Please state Area of Navigation required:
………

………

VALUES TO BE INSURED

Hull, Machinery, Gear & Equipment US$…………………………….

Dinghy(ies)/Tender(s) US$…………………………….

Outboard Motor(s) US$…………………………….

Personal Effects US$…………………………….

Other Specified Items US$…………………………….

Total Sum to be Insured US$…………………………….

Bodily Injury & Property Damage – Limit of Liability required: US$…………………………………………..

NAMED WINDSTORM COVER

You must have a severe storm contingency plan which can be put into effect on the advice of an imminent Named Windstorm. In the event of a Named Windstorm you must take all necessary steps to prevent or minimize loss or damage and act as though you were uninsured. Please state below details of your severe storm contingency plan.

1. What arrangements have you made for the safety of your vessel in the event of a passing Named Windstorm?

   ……

2. Where will the vessel be kept in such an event? Please advise whether ashore or afloat:

   ……

3. Do you have an alternative plan if your initial arrangements cannot be implemented? Please give details:

   ……

4. Who, if other than yourself, will be responsible for preparing the vessel for a Named Windstorm?

……

5. Have you ever had to prepare for a Named Windstorm before? If "YES", did your vessel sustain any damage which resulted in a claim being paid under you insurance policy? Please give details:

……

……

Professional Standards

Yachtline is authorised and regulated by the Financial Conduct Authority. It is permitted to carry out non-investment insurance contracts. Yachtline's FCA register number is 312927. This information may be checked by visiting the FCA website at www.fca.org.uk/register or by telephoning the FCA on 0845 606 1234

Terms Of Business

Yachtline's terms of business, including our complaints procedure, are set out on pages 4 to 9 of our 5/14 policy booklet, or 6 to 12 of our 12/13 policy booklet. You can visit our website www.yachtline.co.uk to see the policy booklet if you need further information, or contact us by email yachtline@yachtline.co.uk or by telephone + 44 (0) 20 7403 3884.

Your Responsibilities

Under the Consumer Insurance (Disclosure and Representations) Act 2012, when you are asked for information you must use reasonable care not to make a misrepresentation in your answer because if you fail to disclose any information to your insurers that they have asked for then you could invalidate your insurance. If you are unsure of an answer disclose all available information.

N.B. Declaration by Insured must be signed and dated in ink.

DECLARATION BY INSURED

I/We declare that in the event of a Named Windstorm the vessel and/or its gear and equipment will be secured in accordance with the arrangements specified above.

I/We also declare and agree that My/Our absence from the area at the time of the passing of the Named Windstorm does not absolve Me/Us from responsibility to protect and safeguard the vessel.

I/We understand and agree that any Named Windstorm deductible included as a condition of insurance shall be applicable to all claims, including Total, Arranged, Compromised or Constructive Total Loss. I/We also understand and agree that no claim resulting from the effects of a Named Windstorm will be paid for loss of or damage to bimini or canvas

tops, awnings, loose deck furnishings, gear and equipment, rollerfurled sails, outriggers and antennas unless securely stowed inside the vessel or stored in protected premises ashore.

I/We further declare and agree that if the statement, particulars and answers above have been completed in the handwriting of any person other than the undersigned, such person deemed to be the agent of the applicant for the purpose of completion.
Declaration

I/We declare the above particulars and answers are correct and complete in every respect to my knowledge and belief. I confirm that I have never been convicted of any fraudulent or criminal activity. I agree that this proposal and declaration shall form the basis of the contract of insurance between myself and insurers if a policy is issued.

Signed:……………………………………………………………………..Date: ………………………………….

Full Name (BLOCK CAPITALS): ……………………………………………………………………………..

- **A recent photograph of the vessel is required as an integral part of this application. Please attach at least one photograph which clearly shows the name of the vessel.**

- **Please attach a copy of your last survey.**

IMPORTANT - You should retain a copy of this signed application for your information and protection.