



# Superyacht Hull & Machinery Insurance

BY BAIMAN MARINE

PROPOSER

Insured's Full Name / Company Name \_\_\_\_\_

Beneficial Owner (if not Insured) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Give details of length and nature of boating experience, including qualifications, including previously owned vessels

\_\_\_\_\_

\_\_\_\_\_

Previous Underwriters & Renewal Date

\_\_\_\_\_

\_\_\_\_\_

Have you had any accidents, claims or losses in connection with any vessel you have sailed, owned or was under your control in the last 5 years?

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

Have you ever had insurance declined, non-renewed or cancelled?

VESSEL

Name of Vessel \_\_\_\_\_ Type \_\_\_\_\_

Model \_\_\_\_\_ Builders \_\_\_\_\_

Port of registry \_\_\_\_\_ Year of build \_\_\_\_\_

Class \_\_\_\_\_ Flag \_\_\_\_\_

Length \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_ Tonnage \_\_\_\_\_

Material of Hull \_\_\_\_\_ Material of Mast \_\_\_\_\_

Engines (make) \_\_\_\_\_ Horse Power \_\_\_\_\_

Max. design speed \_\_\_\_\_ Surface Drives \_\_\_\_\_

Cruising Area \_\_\_\_\_

Mooring Location (if applicable) \_\_\_\_\_

Details of use \_\_\_\_\_ Number of Crew (if applicable) \_\_\_\_\_

If skipper or bare boat charter use is required please specify number of weeks \_\_\_\_\_

Skipper's qualification(s) and claims record (if applicable) \_\_\_\_\_

TENDERS / EQUIPMENT

Are the following values included in the Total Sum insured

Item 1	Value
Item 2	Value
Item 3	Value
Item 4	Value
Item 5	Value

VALUES TO BE INSURED

Currency	
Total Yacht Value	
Tenders (Total) / Outboard Motors Value	
Equipment Value	
Personal Effects Value	
<b>Total Sum Insured</b>	

EXTRA COVER

- Third Party Liability Cover
- P&I Cover
- Personal Accident
- War risk cover (limited to total sum insured)
- Medical Expenses including Captain and Crew

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 Insurers to void the insurance.

*\*A material fact is one likely to influence acceptance or assessment of this proposal by Insurers; 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 Insurers 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 for and on behalf of the Proposer:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**SUBMIT FORM**