

YACHT Proposal Form

Agent Code
Policy No

Period of Cover : From/...../..... To/...../.....
Lay-up Period: From/...../..... To/...../.....

Details Of Proposer

Insured's Full Name

Occupation Tax Number (A.F.M.) Tax Authority

Address Postal Code.....

Phone Phone (Work) Date Of Birth.....

Name Of Owner (if not the insured).....

Details Of Vessel

Name Flag Port Of Registry.....

Type/model..... Builder.....

Material Of Hull..... Hull Identification No..... Mast..... Date Built.....

Length..... Beam..... Draft..... Tonnage.....

Use: Private Pleasure Professional Other (please state)

Has the vessel been refitted in the past (if YES please provide details)? YES NO

Other Skipper(s): 1)..... Age..... Experience/Qualifications.....
2)..... Age..... Experience/Qualifications.....

Engine/Machinery Details

Type: Inboard Outboard Sterndrive (I/O) Surface-drive Other

Make and Model of Engine(s).....

Year Built H.P Number Of Engines S/N

Fuel: Petrol Diesel CODAG CODOG

Maximum Designed Speed Knots M.P.H.

Value To Be Insured

Date Purchased/...../.....	Price Paid	
Description		Value (€)	
Vessel (please define any other specific items within the vessel value)			
Engine(s)			
Outboard Motor(s)			
Dinghy/Tender			
Trailer			
Personal Effects			
Specialized Equipment (please define)			
Total Sum to be Insured			

Safety Measures

Alarm system: Vessel YES NO Outboard Motor YES NO

Type Other safety measures (please state).....

Fire Extinguishers: YES NO Number..... Type..... Make.....

Do you use gas for cooking etc? YES NO

Navigation Limits

Where will the vessel be moored?

Is this an approved marine? YES NO

Location of Lay-up:

Safety Measures in location of Lay-up:

Navigation Limits: Greek Waters Other (please state)

General Information

Experience in this type of craft (years) In crafts generally

Do you allow any other person to use your craft and if YES what is their experience? YES NO

Is the vessel used for renting/racing (if YES please provide details)? YES NO

How the vessel been professionally surveyed in the last 12 months (if YES please provide copy of survey)? YES NO

Have you had any accidents/claims/losses in connection with any vessel you have sailed/owned in the last 5 years? YES NO

If YES please provide details, including dates and amounts paid

Previous Insurers

Have you ever been refused insurance, had special terms imposed, had claims reduced or declined, or had similar insurance cancelled (if YES please provide details); YES NO

Coverage/Limits (in €)

Bodily Injuries	300.000
Material Damages	150.000
Pollution Liability	90.000
Liability to or incurred by any person engaged in Water Skiing	YES <input type="checkbox"/> NO <input type="checkbox"/>
Skipper's Personal Accident up to €15.000	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transit Clause	YES <input type="checkbox"/> NO <input type="checkbox"/>
Navigation outside Greek Waters	YES <input type="checkbox"/> NO <input type="checkbox"/>
Motor Dropping Off or Falling Overboard	YES <input type="checkbox"/> NO <input type="checkbox"/>
Racing use	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECURE YACHT 1
Third Party Liability Only
YES NO

SECURE YACHT 2
Hull Machinery
NAI OXI

Method of Payment
1 Instalment

The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy and will be considered as being incorporated into and constituting a part of the proposed policy.

I/we declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts. I/we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application

Insured's Sign

Agent's Sign

Date/...../.....
