

Questionnaire For Special Regatta Yachts

Insured details:

Insured Name:	
Team Name:	
VAT-ID Number:	
Postal Address:	
Phone:	E-mail:
Name of the skipper:	
Skipper's claims in the past five years:	

Boat Details:

Design Type:	
Boat Name:	
Boat Number (HIN):	
Builder:	
Prototype/Production boat:	
Year Built:	Dimensions:
Flag of Vessel:	Main moorage place:
Max sail area (in Square Meter):	

Scope of cover/Cruising Area:

Cruising Area (please provide a sailing schedule):
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continue page 2



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Regattas (please provide a list of regattas/events you wish to participate in):

Crewed - List and duration approx.:

Double Handed - List and duration approx.:

Single Handed - List and duration approx.:

Type of Cover:

Hull

Hull value (excl. mast, rigging, sails & electronics):

Mast:

Rigging Set:

Sails:

Electronics:

RIB (and trailer if applicable):

Container (incl. workshop equipment, spares, office equipment, sails, clothing, personal gear):

TOTAL INSURED VALUE:

TPL

please tick which limit is required:

Limit of EUR 1.5 mio. limited to EUR 3.0 mio. per year

Limit of EUR 3.0 mio. limited to EUR 6.0 mio. per year

Limit of EUR 5.0 mio. limited to EUR 10.0 mio. per year



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Insurance/Claims History:

Previous insurance company:

Claims since the yacht was built:

Claims in the current year:

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed by any other person other than the undersigned, such person deemed to be the agent of the proposer for the purpose of completion purposes

Place/country/date:

Signature:



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