

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
 TypeOther 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
 Has 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.

Insured's Sign

Agent's Sign

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