

# Your individual quotation

Please complete this form in block capitals

## 1. Particulars of Client

First and last name:

If you are not the owner, please describe overleaf your interest in the vessel or relationship to the owner

Address:

Country:

Postcode:

Date of Birth:

E-mail:

Tel:

Fax:

## 2. Particulars of Vessel

Name:

Year built:

Builder:

Model:

Material:

LOA in m:

Beam in m:

Draft in m:

Number & HP of engines:

Make/model of engines:

Fuel: Petrol/Diesel

Rig: Fractional/Masthead?

Material of Mast:

Manufacturer of Mast:

Where Registered?

Home Port:

Existing Insurer:

Which Marina?

Or Mooring?

Yes

No

Cruising Area:

Do you race your yacht? \*

Yes

No

Is the vessel used for any commercial purpose? \*

Yes

No

Do you charter with a skipper? \*

Yes

No

Or Bareboat? \*

Yes

No

\* If yes, please provide details below.

## 3. Hull Insurance

Price paid for vessel:

(£)

Value of the vessel including the entire equipment, inventory, built in motors, tender etc.:

(£)

Outboard motor (if main engine):

(£)

Trailer:

(£)

Personal Effects/Belongings:

(£)

**TOTAL VALUE = FIXED SUM TO BE INSURED:**

(£)

For how many years have you had continual yacht insurance?

Have you had any claims in the last four years?

Yes

No

(If yes, please provide details, including year, cause and amount.)

Qualifications/Experience – **Important please see below.**

## 4. Third Party Liability Insurance

Personal Injury and Property Damage

£2,000,000

£3,000,000

## 5. Additional Insurances

Personal Accident Insurance

Crew Accident Insurance

War Risks Insurance

## 6. General

Renewal date of existing policy:

Where did you hear about us?

Signature/Date:

When calling us please quote reference:

Please provide full details of your sailing experience or the usual skipper of the vessel. This must include the approximate amount of time spent sailing, the size and type of vessel/s, whether as skipper or crew, and the cruising area/s involved. Please note that details of qualifications alone are not sufficient.

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