

## Application Form for an International Health Insurance for Longterm Sailor

### Policyholder

First name \_\_\_\_\_

Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender  male  female

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Home country \_\_\_\_\_

Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Name of the yacht \_\_\_\_\_

E-mail \_\_\_\_\_

**(Please state your e-mail address, so that we can provide you with all information regarding this insurance.)**

**BEGIN DATE OF INSURANCE COVER:** \_\_\_\_\_

### Person Insured (if not identical with the policyholder)

First name \_\_\_\_\_

Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender  male  female

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Home country \_\_\_\_\_

Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Policy Holder**

Name \_\_\_\_\_

**DECLARATION ON THE FOLLOWING DISEASES**

I declare herewith, that I do not suffer or have not suffered from one of these diseases:

- Any form of cancer
- Organ failure
- Any form of organ / tissue transplant
- HIV or other syndromes related to the immune system
- Syndromes in relation to the hematopoietic (blood forming) system
- Coagulation (bleeding) disorders
- Multiple sclerosis
- Cystic fibrosis
- Insulin dependent diabetes
- Chronic hepatitis
- Growth hormone deficiency
- Infertility
- Any other material condition. A material condition is one which requires a period of hospitalisation, recurrent or continuous medical attention. If you have any doubt whether a condition is material you should disclose it.

**IF YOU SUFFER OR HAVE SUFFERED FROM ONE OF THESE DISEASES, PLEASE GIVE FULL DETAILS ON THE FOLLOWING PAGE.**

**DECLARATION:**

To the best of my knowledge the information provided on this application form, whether in my own hand or not, is true and complete. I understand that failure to disclose, or misrepresentation of any pertinent facts may lead to the denial of a claim or cancellation of any policy. I understand and agree that this application and the statements contained herein shall form the basis of the contract issued as a result of this application. I authorise any doctor, who has ever attended me, to provide the Insurer with any information that may be required including prior medical history.

The Insured agrees that Pantaenius will save the personal data and will give the data to the participating underwriters and re-insurer(s) and that Pantaenius is entitled to change underwriters. Please refer to the attached text concerning data protection for detailed information.

Place/Date

Signature Policy Holder

*Please send with original signature to Pantaenius.*

Place/Date

Signature Person Insured

*Please send with original signature to Pantaenius.*

**Policy Holder**

Name \_\_\_\_\_

NAME OF DOCTOR

DETAILS OF CONDITION

DATE OF TREATMENT

DETAILS OF TREATMENT

CURRENT STATE OF HEALTH

**DECLARATION:**

To the best of my knowledge the information provided on this application form, whether in my own hand or not, is true and complete. I understand that failure to disclose, or misrepresentation of any pertinent facts may lead to the denial of a claim or cancellation of any policy. I understand and agree that this application and the statements contained herein shall form the basis of the contract issued as a result of this application.

I authorise any doctor, who has ever attended me, to provide the Insurer with any information that may be required including prior medical history.

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**Plasce/Date**

**Signature Person Insured**

## **DATA PROTECTION**

All person-related data is always treated confidentially. The data necessary for processing a business transaction is saved. During data processing, your affairs shall be considered as requiring protection in accordance with legislative regulations. Note: You may disallow or revoke consent to the above-mentioned use and/or processing of your data at any time by submitting notification to us.

Person-related data shall be deleted or locked at your request provided that there are no contractual or applicable agreements (retention obligations etc.) standing in the way of such deletion/locking. If this is so desired, please send an e-mail to [kundenservice@pantaenius.com](mailto:kundenservice@pantaenius.com).

Under Monaco law, no 1.165 of 23rd December 1993, which governs the treatment of personal data, you have the right to access, to object to or change any personal data held about you. If you wish to change or cancel any personal data we hold about you, you can write to us at the following address: PANTAENIUS GmbH & Co. KG - Monsieur Christian KOCH - 34, Quai Jean-Charles Rey - MC 98000 MONACO.