



# Superyacht Enquiry Form

Will the vessel be chartered?

yes

no

Will you take fare-paying passengers?

yes

no

## PARTICULARS OF THE VESSEL

Name:		
Year Built:	Type:	Shipyard:
Material:	Classification:	Valid until:

Is there a helicopter landing pad on board?

yes

no

Is the vessel MCA certified?

yes

no

LOA:	Beam:	Draft:
Gross Tonnage:	Sail Area (Close hauled in m <sup>2</sup> ):	Mast Material:
Mast Builder:	Number and Type of Motor(s):	
HP (each engine):	Type of Propulsion:	Maximum Speed:
Flag:	Country of Registration:	Homeport:
Cruising Area/12 months itinerary:		

For how long have you been the owner of this vessel?

## CURRENCY

Please state your desired currency?

USD

GBP

EUR

## HULL INSURANCE

Value of vessel, including entire equipment, inventory and machinery:

Valuables (i.e. Fine Arts, Persian carpets, etc.):

Please provide us with a separate list and the sums to be insured

Personal Effects:

Total Value = Agreed Fixed Value:

Deductible/Excess preferred:

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## TENDER 1

Name:
Year Built:
Type:
Material:
Shipyard:
Motor(s) (Type and HP):
Value of Tender:
Value of Outboard Motor(s):
Total Value:

## TENDER 2

Name:
Year Built:
Type:
Material:
Shipyard:
Motor(s) (Type and HP):
Value of Tender:
Value of Outboard Motor(s):
Total Value:

### CONFISCATION, STRIKE AND WAR COVER

Would you like to insure the vessel against the risks of Confiscation, Strike and War?

yes

no

**Third Party Liability Insurance:** (please give the preferred sum of indemnity)

Personal Injury and/or Property Damage

combined single limits.

### Personal Accident insurance:

(Appropriate death and permanent disablement benefits will be suggested in your quotation.)

What would be the maximum number of family/guests sleeping on board the vessel at any one time?

(The sums insured will be divided by the number of persons on board.)

### Paid Crew:

Is accident cover required for the paid crew?

yes

no

Is medical expenses cover required for the paid crew?

yes

no

Please attach as a separate sheet any additional remarks relevant to the assessment of the risk.

I hereby declare that the above information is correct and complete. I agree that the above shall serve as the basis of the insurance contract. I understand that this enquiry does not bind me to complete the insurance.

Date:
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Signature:
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# Contact

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