

AL-BAHRIAH INSURANCE & REINSURANCE S.A.L

AL-BAHRIAH HOUSE, 770 HOTEL DIEU AVENUE, P.O.BOX 116-5242 BEIRUT –LEBANON
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Application Form for Yacht Insurance

Applicant Particulars

Beneficial Owner Name*	
Manager Name*	
Address* (permanent residence)	
Home Telephone Number	
Business Telephone Number	
Mobile Telephone Number	
Fax Number	
E-mail Address	
Nationality	
Usual Occupation	
Date of Birth	
Are you the sole Owner of vessel?	<Select>
If no, please give full details of other co-Owners	
Is the vessel subject to mortgage?	<Select>
If yes, state full name and address of the bank/mortgagee and amount	
Do you employ a professional Skipper?	<Select>
If yes, please include name, age, nationality, qualification	
Name, age, and number of years of experience in skippering yacht including size and type of yacht, in respect of you or any other person who will be in charge of the yacht	
Have You or any Person you have allowed or may allow to use your yacht, ever been charged with or convicted of any offence involving dishonesty of any kind ? or ever been declared bankrupt? If yes, please give full details	<Select>
Please advise name of past or present Insurer, if applicable	
Have you taken any courses in yachting or sailing?	
Please specify type of License held	<Select>
If Other, please specify	
List previous owned vessels by:	
Length	
Manufacturer	
Years Owned	

Vessel Particulars

Name of Vessel*	
Type of Vessel*	<Select> If Other, specify
Material of hull construction	<Select> If Other, specify
Classification Society*	
Certificate of Seaworthiness?* if Yes issue place/date & by whom	<Select>
Vessel Make and Model*	
Builder & Hull ID Number*	
Flag*/ Port of Registry & Number	
Gross Tonnage (GT)*	
If more than 100 GT, IMO No.*	
Year Built*	
Length of Vessel in meters*	
Vessel Insured Value*(excluding Boat & Personal Effects)	
Year of purchase	
Purchase price paid	
Use of Vessel	<Select>

If Sail

Type of rigging	
Age of rigging	
Materials of mast	
Will the Vessel be used for Racing?	<Select>
If Yes, please specify type of racing	
Please advise full replacement cost of mast, spars, sail and rigging	

Main Engine(s) Particulars

Total number of main Engine(s)	
Total number of Propeller(s)*	
For each engine	
a. Is main engine fitted inboard or outboard?	<Select>
b. Year Built	
c. Make and Model of engines and serial No.*	
d. Engine Horsepower*	
Fuel Type	
Are engines turbocharged?	
Maximum Designed Speed*	
Do you have Fire Extinguishers:	<Select>
Number and Type	
Content	
Location	

Cruising, Commission & Lay-Up

Is vessel driven singlehanded or does it require competent command crewing?*	<Select> If Other, specify
If crew please specify:	
Name of Captain	
Number of crew*	
Cruising Areas*	
Months In Commission*	
Where will the Vessel be Moored? Specify Location*	<Select> Location
Location when out of Commission and laid-up?*	
When out of commission state if Ashore or Afloat*	
Do you own a trailer?	<Select>
If Yes, will the vessel be stored ashore on a trailer?	<Select>
If Yes please specify:	
a. Trailer's Value*	
b. Trailer's Length	
c. Trailer's type model & material of construction	
d. Trailer's Location whilst vessel is stored*	

Navigation and Communication Equipments

Is vessel equipped with?

Compass	<Select>
Depth Finder	<Select>
Loran	<Select>
Radar	<Select>
Fume Detector	<Select>
VHF	<Select>
EPIRB	<Select>
Halon	<Select>
Other (please specify)	

Boat, Dinghy & Tender

Do you have a Boat Dinghy or Tender attached to the Yacht and marked with the Yacht name?	<Select>
If Yes specify details	
Year built of Boat Dinghy Tender	
Make Model and Length	
Value of boat dinghy or tender without engine*	
Value of engine of boat dinghy or tender*	

Engine Manufacturer Model, Type, HP and maximum designed speed of Boat/Dinghy	
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If Skipper Charter

Type of Charter Requested (Fishing, Pleasure, etc.)	
Owner's Charter experience	
Are charters Owner operated	
Details of Charterparty, if any	
Where are Charters run out	
Max number of passengers	
Average number of passengers	
Any overnights	<Select>
Number of Charters:	
Per Day	
Per Week	
Per Year	

Optional Additional Covers

Do you require Water-Skiers Liability?	<Select>
Do you require Personal Accident cover?	<Select>
Do you require land transit cover?	<Select>
Do you require cover for the trailer?	<Select>
Do you require cover for Personal Effects / Property?	<Select>
a - If Yes, please advise amount of Personal Effects Unspecified	
b - Please Specify all items valued more than US\$ 350	
c - Please specify total amount of Personal Effects being a + b*	

General Information

Have you had any Accidents/Claims/Losses in Connection With any Vessel you have Sailed/Owned/Under Your Control in the Last 5 Years?	<Select>
If Yes, please provide details of amounts paid in full	
Have a survey been conducted on your vessel? If Yes, provide it	<Select>
Do you have a recent photo of your Yacht? If Yes, provide it	<Select>
Please advice date you want your insurance to commence?*	
Any further information?	

Declaration

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this application and declaration shall form the basis of the contract of insurance between me and the Insurer if a Policy is issued. I agree to accept the policy in the usual form of the Insurer. I consent to the seeking of information from other insurers to check the information provided in this application form and I authorize provision of such information. I consent to Al-Bahriah Insurance & Reinsurance S.A.L. holding information relevant to my policy of insurance in their database.

Material Information

This application form is an important document. It is important that you answer all questions completely and properly. All questions asked relate to material information. All material facts must be disclosed to the Insurer whether or not the subject of a specific question above. A material fact is one which a prudent Insurer would regard as likely to influence the acceptance or assessment of the application. Non disclosure or misrepresentation of material fact may result in the insurance being declared void from inception and claims being rejected. If you are in any doubt about whether facts would be considered material, you should disclose them.

Notes

Completion by you of this application form does not bind the Insurer to give a quotation or provide insurance for your vessel nor bind you to complete the insurance. Any indication of premium given by the Insurer is in good faith but there will be no insurance contract between you and the Insurer until you are notified by the Insurer that your application form has been accepted and you have been advised by the Insurer the premium required for insuring your vessel and you have accepted that quotation.

All items marked with a star (*) must be clearly answered as they will appear in the Schedule of the Policy. If any item does not apply to your vessel simply state n/a.

Signature:

Capacity:

Date and Place: