RoyalStar Assurance

Yacht and Pleasure Craft Insurance
APPLICATION & PROPOSAL

Before completing this proposal please note specially that failure to disclose all material information, i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

A specimen policy is available on request. Remember to sign and date the Declaration at the end of the form.
Please write in block capitals or tick the boxes as appropriate.

1. Person applying for Insurance

Proposer

a) Name in full

b) Date of Birth

c) Occupation

d) Address

Your e-mail address

e) Name and Address of Mortgagee or other insured as applicable

f) Have you or any member of your family normally residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences? Yes ☐ No ☐

g) Have you or any person in f) above suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs? Yes ☐ No ☐
If "Yes" to either question, give details

2. Boat handling experience and insurance record

a) What are your special qualifications for Boat handling? e.g. Yacht Masters Certificate

b) Number of years as owner or crew of this type of Craft

c) What accidents incidents losses or insurance claims have happened during the past five years in connection with any vessel you have sailed or owned?

d) Have you previously insured any vessel? Yes ☐ No ☐
If "Yes" state by whom

e) Have you ever had an insurance on your boat
i) cancelled? ☐ ii) refused at renewal? ☐ iii) renewed only at increased terms? ☐
If so, state circumstances

3. Period of Insurance - 12 months from

4. Dockage

a) Please list name and location of Marina where vessel is kept

b) If vessel is kept ashore on trailer or afloat at moorings, please specify exact location

c) List any security measures taken at location where vessel is kept (security guard, alarm, fenced in yard, if ashore)

5. Do you require the vessel to be insured during any inland transits? Yes ☐ No ☐

If "Yes", please give details

6. Laid Up out of Commission

Will vessel be laid up ashore out of commission for part of the year? Yes ☐ No ☐

If "Yes", please show dates:

Give details of location where vessel will be stored whilst laid up and caretaking arrangements

7. Navigating Limits

State Cruising Range required

8. Use of Vessel

a) Private pleasure only? Yes ☐ No ☐

If "No" state intended use

b) Do you have a full-time professional Master? Yes ☐ No ☐
If "Yes", please give details of his sailing experience with this type of boat, and with this particular boat

c) Will any other person be allowed to be in charge? Yes ☐ No ☐
If "Yes", give details

d) Will vessel be operated/sailed single-handed? Yes ☐ No ☐

e) Will vessel be used for waterskiing, aquaplaning or any similar sport? Yes ☐ No ☐
If "Yes", give details (Parent vessel or tender)

f) Will vessel be involved in racing? Yes ☐ No ☐
If "Yes" give details

9. Hull Details

Name of Vessel

Manufacturer / Type / Class

Serial Number or Reg. No.

Year Built

Length Overall

Beam

Material of Hull

Max. designed speed with present engine(s)

Main Engine Details

Type: Inboard ☐ Outboard ☐ Single ☐ Twin ☐

Make / Model

Engine Serial Number (s)

Horsepower of each

Fuel Used

Year of Make

If inboard engine (s), are they the original engines installed by the builder of the Hull? Yes ☐ No ☐

If "No", attach note giving details

Has the vessel proposed for insurance been subject to
a) conversion? b) modification? c) amateur construction? Yes ☐ No ☐

If "Yes", give full details

Details of Fire Extinguisher system

Has the vessel been surveyed by a qualified surveyor? Yes ☐ No ☐

If "Yes" please provide copy of the report, if available. (A survey report will always be required to accompany this proposal if the vessel is more than 10 years old.)

10. Details of Dinghy / Tender to parent vessel

Manufacturer

Year Built

Length

Identification / Serial No.

11. Details of any auxiliary outboard motors - not already shown above

12. Details of Trailer

Manufacturer

Year Built

Identification / Serial No.

13. Schedule of Insurance

	Value to be Insured	Date Purchased	Purchase Price
Hull & Equipment including Inboard Engine (if any)			
Outboard Motor(s) to Parent Vessel			
Special Equipment - attach valued list			
Dinghy / Tender to Parent Vessel N.B. Must be permanently marked with name of Parent Vessel			
Outboard Motor(s) to Dinghy / Tender			
Trailer			
Personal Effects	$500	Not Applicable	Not Applicable
Total to be Insured		Not Applicable	Not Applicable

14. Liability to Third Parties
Please state Limit of Indemnity required

Do you require cover in respect of liability to and of water skiers or persons engaged in similar water sports from your boat? (Restricted limit may apply) Yes ☐ No ☐

15. Medical Payments Limited
Please state higher limit if required
(US$2,000 or equivalent unless otherwise agreed)

16. Racing Risk Extension (if required for sailing vessels)
Please state total new replacement value of sails, masts, spars, standing and running rigging

17. Do you wish to bear a voluntary deductible in addition to any compulsory deductible required by the Company? If so, please indicate total deductible required

18. Any other information which is likely to influence the Company in regard to this proposal

Declaration

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Company in regard to this proposal.

Signing this form does not bind the Proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Company until this proposal has been accepted.

Signature of Proposer

Date