



Yacht & Pleasure Craft Comprehensive Insurance Proposal Form

Kindly complete in BLOCK LETTERS throughout and tick yes or no in the appropriate boxes

Personal Details

Title	Full Name	ID Card No or Passport No	Date of Birth	Marital Status
Address		Cover	Nationality	Occupation
		<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only		
Postcode []				
Home Tel No	Mobile No	Business Tel No	Email address	Fax No

Particulars of Vessel

Type/Class of Model	Registration No	Name of Vessel	Year of Build *
Overall Length	Material of Hull	Date of Purchase	Purchase Price
Was the vessel	Professional Built	Amateur Built *	Builder's Name
Yes/No	Yes/No	Yes/No	

* If amateur built or 15 years old or over, this proposal must be accompanied by a Full Condition Survey Report. Conversions and vessels over 25 years old are NOT acceptable.

Particulars of Engine/s

Outboard 1	Make of Engine	Year of Manufacture	HP	Serial No
Outboard 2	Make of Engine	Year of Manufacture	HP	Serial No
Inboard 1	Make of Engine	Year of Manufacture	HP	Serial No
Inboard 2	Make of Engine	Year of Manufacture	HP	Serial No

What is the maximum designed speed with these engines? [] Knots/MPH

Has the vessel ever been damaged? [] Yes [] No

If the vessel has been damaged please give full details	
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Is the vessel fitted with automatic or remote control fire extinguishers in engine area & galley? [] Yes [] No

If Yes state Make _____

What other type of fire extinguishers are carried? _____

Sums to be Insured

Description		€
Hull & Equipment including all items normally given in the vessel specifications should it be offered for sale		
Special Equipment (Items of electronic equipment that do not form part of the internal fittings which may be purchased separately and removed from the vessel while not in use) <i>Please list all items over €600 included in total value:</i>		
Description	Value	
Tender/Dinghy (the vessel's name <i>MUST</i> be shown on the tender to comply with policy conditions)		
Outboard Motor		
Auxiliary outboard motor		
Trailer		
Personal Effects (these are items of clothing or equipment of a nautical nature which are kept or used on board the vessel whilst in use, but would not normally be sold with the main vessel) <i>Please list all items over €250 included in Total value:</i>		
Description	Value	
TOTAL SUM INSURED		

General Questions

1. How many years experience as an owner/crew, including types of vessel _____
2. Do you have any sailing qualifications? (Proof will be required) [] Yes [] No
3. Are you the sole owner of vessel? Give details of any co-owners [] Yes [] No
4. To the best of your knowledge and belief have you or any person you will permit to use the craft:
 - a) suffered any accident or loss in the last five years with any craft used or owned [] Yes [] No
 - b) had any insurance on any craft cancelled or refused or had any special terms imposed [] Yes [] No
 - c) ever been convicted or are currently being convicted of any criminal offence or contravention involving dishonest [] Yes [] No
 - d) are you entitled to No Claim Bonus [] Yes [] No

If the answer to any of these questions is Yes please provide full details

Additional Risks

Do you wish to receive a discount from the premium for increasing the standard policy excess [] Yes [] No

If Yes please state amount you are willing to take [€]

Do you wish to cover the masts spars, sails and rigging against racing risks? [] Yes [] No

If Yes please indicate the estimate cost of replacing them as NEW [€]

Do you wish to extend cover to include legal liability to and of Water Skiers being towed by your vessel? [] Yes [] No

Do you wish to increase the limit in respect of loss or damage to the rudder, propeller, Strut, shaft, motor, electrical machinery or batteries and their connections from €2,500 to €6,000 at an additional premium? This option is applicable only for Cabin Cruisers [] Yes [] No

Moorings

Where will the vessel generally be moored when in commission?	Where will it be laid up? [] Ashore [] Afloat
Will the vessel be used for private pleasure only? [] Yes [] No If No please give full details of use	State the dates between which it will be out of commission (laid-Up) Annually From [] To [] inclusive

Cruising Range

Maltese Territorial Waters Only [] Yes [] No or other [_____]

Date of Inception of Insurance [_____]

No Insurance will be in force until the proposal has been accepted by Thomas Smith Insurance Agency Ltd as agents and attorneys for GasanMamo Insurance Ltd

Signature	Date
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