



CARIBBEAN INSURERS MARINE LIMITED
YACHT & MOTORBOAT INSURANCE APPLICATION FORM
Please complete legibly in BLOCK CAPITALS

- All questions must be answered to the best of your knowledge and belief.
- All material facts must be disclosed to Underwriters whether or not the subject of a specific question in this application. A material fact is one which a prudent Underwriter would regard as likely to influence acceptance or assessment of this application. Non-disclosure or misrepresentation of material facts may nullify any Policy or Certificate issued. If you are in any doubt whether facts would be considered material, you should disclose them.
- If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer.
- The completed application will form an integral part of the insurance contract should coverage be effected and a policy issued.

Insured's Name:	
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Insured's Address:	
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Date of Birth: dd/mm/yy		Telephone No:	
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Cell No:		Email Address:	
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Name of beneficial owner(s) if the Named Insured above is a Company or Corporation:	
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Insured's Occupation (Director of Company is insufficient, please state exact nature of business)	
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Price Paid: (see note 3)		Date purchased:	
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Loss Payee:		Amount of loan outstanding:	
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Number of years sailing experience & qualifications of Insured/Operator:	
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Previous vessels owned by Insured/Operator:	
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Important - you should retain a copy of this signed application for your information and protection

Have you or the operator of the vessel to be insured had any accidents/claims/losses in connection with any vessel you or they have sailed or owned during the past 5 years? If Yes, please provide details, including dates and amounts paid.

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Have you or the operator had insurance for any vessel declined, cancelled or renewed only at an increased rate? If Yes, please provide details.

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Have you or any person you may allow to use the vessel, ever been charged with or convicted of any offence involving dishonesty of any kind? If Yes, please provide details.

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Name of previous Insurers:

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DETAILS OF THE HULL, MACHINERY, GEAR & EQUIPMENT

Name of Vessel:

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Year Built:

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Manufacturer:

--

Type & Model

--

Length:

--

Beam:

--

Draft:

--

GRT:

--

Maximum Designed Speed (knots)

--

Material of Hull

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Hull Identification Number: (HIN)

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Port of Registry:

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Flag:

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Main propulsion unit:

Make & Model of Engine(s)

▼ If Outboard(s) ▼

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Gasoline

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Diesel

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hp

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Year of manufacture

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▶▶ THEFT COVERAGE is excluded for Outboards unless serial numbers are entered below ◀◀

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Dinghy Make & Model:	<input type="text"/>	Length:	<input type="text"/>	Year:	<input type="text"/>
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Dinghy Serial No:	<input type="text"/>
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Dinghy Outboard Make:	<input type="text"/>	hp:	<input type="text"/>	Year:	<input type="text"/>
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Outboard Serial No:	<input type="text"/>
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▶▶ THEFT COVERAGE is excluded for Outboard unless serial number is entered below ◀◀

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Trailer Details: Make & Model:	<input type="text"/>	Length:	<input type="text"/>	Year:	<input type="text"/>
Vin No:	<input type="text"/>				

Is the vessel equipped with the following? Please as appropriate.

VHF	<input type="checkbox"/>	GPS	<input type="checkbox"/>	Radar	<input type="checkbox"/>	Depth Finder	<input type="checkbox"/>	Self Steering Gear	<input type="checkbox"/>	Life craft/Lifejackets	<input type="checkbox"/>
Automatic Fire Extinguishers	<input type="checkbox"/>	Manual Fire Extinguishers	<input type="checkbox"/>	Automatic Bilge Pump	<input type="checkbox"/>	Flares	<input type="checkbox"/>				

USE OF VESSEL

Please state the exact purpose for which the vessel will be used:

Please state the maximum number of passengers that the vessel is licensed to carry or rated to carry by the manufacturer:

Where will the vessel be normally moored? Please state exact location:

Please state type of mooring: e.g. Marina, Dock, Berth, Pontoon, Swing Mooring etc.

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Please advise dates vessel will be laid up out of use:	From:	<input type="text"/>	To:	<input type="text"/>
Please advise whether Ashore or Afloat:	<input type="text"/>	Location:	<input type="text"/>	

Please state Navigation Area Required

VALUES TO BE INSURED

	Interest		Amount
Hull, Machinery, Gear & Equipment etc.		US\$	<input type="text"/>
Vessel's Hull Outboard		US\$	<input type="text"/>
Dinghy/Tender	(not covered unless value specified)	US\$	<input type="text"/>
Outboard Motor (s)	(not covered unless value specified)	US\$	<input type="text"/>
Trailer	(not covered unless value specified)	US\$	<input type="text"/>
Personal Effects	(not covered unless value specified)	US\$	<input type="text"/>
Other Specified Items		US\$	<input type="text"/>
Total Sum to be Insured		US\$	<input type="text"/>

Third Party Bodily Injury & Property Liability - limit required any one accident or occurrence (✓ box below):

US\$100,000	<input type="checkbox"/>	US\$300,000	<input type="checkbox"/>	US\$500,000	<input type="checkbox"/>	US\$1,000,000	<input type="checkbox"/>
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Do you require Water-skiers Liability? (limited to US\$300,000 any one accident or occurrence)

Do you require Swimming & Snorkeling Liability? (limited to US\$300,000 any one accident or occurrence)

- Before coverage can be effected, the following are required to support this application:-
1. A recent photograph of the vessel is required as an integral part of this application. Please attach at least one photograph which clearly shows the name of the vessel and, if marked, the port of registry.
 2. Please attach a copy of your last survey. A satisfactory out of water survey and valuation, together with confirmation that any recommendations contained therein have been properly completed, will be required in respect of any wood or part wood built vessel over 3 years of age and any fibreglass built vessel over 5 years of age prior to attachment of cover.
 3. A copy of the bill of sale is required to substantiate ownership, insurable interest and price paid.

- Insurers require the annual submission of a comprehensive and acceptable Named Windstorm Preparedness Protection Plan. Please complete the following page and, if necessary, use a separate sheet to detail all contingency plans that you have made to safeguard your vessel.

NAMED WINDSTORM PREPAREDNESS PROTECTION PLAN

If your vessel remains within the recognized hurricane area between the 30th June and the 30th November you must have a comprehensive Named Windstorm Preparedness Protection Plan acceptable to Insurers.

Please give full details of the arrangements that you have made to safeguard your vessel including, but not limited to:

Where will vessel be laid-up in the event of a windstorm?			
If ashore, will the vessel be stored in a cradle?		Will the mast be un-stepped?	
If ashore and using stands, please advise	Do you have the manufacturer's blocking plan to ensure correct number and placement of stands?		
	Minimum number of stands to be used?		
	Will chains be used to tie stands together?		
	Will plywood pads be used to prevent stands from settling?		
	Number & type of straps to be used?		
	Number & type of ground anchor points?		

Do you have a contract with the yard which clearly states their duties, responsibilities & liabilities whilst the vessel is in their care, custody & control, particularly in a windstorm situation?	
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If laid-up afloat please specify exact location and whether a recognized hurricane hole or marina dock.	
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Please advise line sizing (e.g. 3/4" nylon 3 strand, double braid, 12-16 plait).	
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Please advise details of ground tackle, anchors, chafe gear, etc.	
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Do all cleats have stainless steel backing plates? (e.g. a 12" cleat should have a 12"x4"x1/4" stainless steel backing plate).	
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If moored at dock will vessel be double spaced? (i.e. tied between two adjoining slips)	
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Who will be responsible for implementing your named windstorm preparedness protection plan?

DECLARATION BY INSURED

I/We declare that in the event of a Named Windstorm the vessel and/or its gear and equipment will be secured in accordance with the arrangements specified in the Named Windstorm Preparedness Protection Plan incorporated in this application.

I/We also declare and agree that My/Our absence from the area at the time of the passing of a Named Windstorm does not absolve Me/Us from responsibility to protect and safeguard the vessel in accordance with My/Our Named Windstorm Preparedness Protection Plan.

I/We understand and agree that any Named Windstorm deductible included as a condition of insurance shall be applicable to all claims, including Total, Arranged, Compromised or Constructive Total Loss. I/We also understand and agree that no claim resulting from the effects of a Named Windstorm will be paid for loss of or damage to Bimini or canvas tops, awnings, loose deck furnishings, gear and equipment, roller-furled sails, outriggers and antennas unless securely stowed inside the vessel or stored in protected premises ashore.

I/We declare that the particulars and answers are correct and complete in every respect to My/Our knowledge and belief. I/We agree that this application and declaration shall form the basis of the contract of insurance between Me/Us and Underwriters if a policy or evidence of cover is issued.

I/We further declare and agree that if the statement, particulars and answers above have been completed in the handwriting of any person other than the undersigned, such person deemed to be the agent of the applicant for the purpose of completion.

Signed:

Date: (dd/mm/yyyy)

Full Name (BLOCK CAPITALS):

Money Laundering & Insurance Fraud

BVI legislation concerning potential money laundering and insurance fraud require us, as licensed agents in the Territory, to carry out due diligence on all of our clients. We have a statutory obligation to comply with this legislation. Primarily, this will mean taking copies of client identification (passport or driving license) and evidence of domicile (utility bills) which will remain on file for inspection by the appropriate authorities, if required. This requirement applies to existing clients as well as new customers.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to criminal prosecution and civil penalties.

CONFIDENTIALITY

None of the information contained in this application will be disclosed to any party except Underwriters, or their representatives in the event of a claim, or as may be required by law.

CARIBBEAN INSURERS MARINE LIMITED

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