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ROPNER
INSURANCE SERVICES

YACHT INSURANCE APPLICATION

APPLICATION DATE		COVERAGE EFFECTIVE DATE		CLOSING		RENEWAL	
CLIENT ADVISOR			COMPANY(IES)				

SECTION I - GENERAL DETAILS

TITLED OWNER'S NAME				VESSEL NAME			
MAILING ADDRESS							
IF TITLED OWNER IS NOT AN INDIVIDUAL, SPECIFY TYPE OF ORGANIZATION THAT OWNS THE VESSEL							
Publicly Traded		Private Corp		Partnership		Joint Venture	
Other		If Other, Explain:					
TITLED OWNER'S COUNTRY OF REGISTRATION				FLAG STATE			
BENEFICIAL OWNER'S NAME				NATIONALITY		OCCUPATION	
MAIN CONTACT PERSON(S)		PHONE		CELL		EMAIL	
NAME & ADDRESS OF YACHT MANAGEMENT FIRM				TYPE OF MANAGEMENT			
				Full		Charter Only	
IS THIS YACHT PART OF A TIMESHARE, FRACTION SHARE, VACATION CLUB OR SIMILAR TYPE ARRANGEMENT?							
YES		NO		If yes, explain:			
IS THERE ANY OTHER PERSON OR ENTITY THAT HAS A FINANCIAL INTEREST IN THE YACHT?							
YES		NO		If yes, explain:			

SECTION II - VESSEL INFORMATION

YEAR BUILT	LENGTH	BUILDER / MODEL / HULL ID#				CONSTRUCTION MATERIAL			
IF ABOVE BUILDER DID NOT COMPLETE THE CONSTRUCTION OF THE YACHT AND SEA TRIALS, PROVIDE DETAILS OF YACHT'S CONSTRUCTION									
ENGINE(S) MAKE & TYPE				HORSE POWER		SPEED		FUEL TYPE	
IS YACHT IN CLASS?		CLASS DESIGNATION			IS CLASS CERTIFICATE AVAILABLE?			IMO #	
YES		NO		YES			NO		
PURCHASE DATE		WAS YACHT PURCHASED NEW?			PURCHASE PRICE			MARKET VALUE	
		YES		NO				\$	
SURVEY INFORMATION									
Was a pre-purchase survey performed?		YES		NO	If yes, provide a copy including recommendations				
Has the yacht undergone a refit?		YES		NO	If yes, provide date, details and associated cost in Section XI				
Was survey performed after the refit?		YES		NO	If yes, provide copy To Be Completed				
Have all recommendations from past surveys been completed?				YES		NO	If not, explain below		

SECTION III – COVERAGE AND LIMITS

COVERAGE TYPE				COVERAGE LIMITS						DEDUCTIBLES	
Hull Value Including Machinery/Engines										\$	
Special Deductibles	YES		NO	Wind		Engine(s)		Other:	\$		
Protection & Indemnity	Total Number of Crew:			\$						\$	
Personal Effects				\$						\$	
Medical Payments				\$						\$	
Emergency Expenses				\$						\$	
Uninsured Boaters				\$						\$	
Breach of Warranty (Subject to an Additional Premium)				\$						\$	
Scheduled Fine Arts		Blanket Fine Arts		\$ Per Item / \$ Maximum						\$	
War Risk	YES		NO	Terrorism Risk Insurance Act 2002 (TRIA)				YES		NO	NOT APPLICABLE

SECTION IV – TENDER / PERSONAL WATERCRAFT / OTHER

TENDER(S) /MOTOR(S) ABOARD & USED IN CONJUNCTION WITH THE YACHT (*)	WIND DED	TOWING DED	DEDUCTIBLE	VALUE (*)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
PERSONAL WATERCRAFT(S) ABOARD & USED IN CONJUNCTION WITH THE YACHT (*)			DEDUCTIBLE	VALUE (*)
			\$	\$
			\$	\$
			\$	\$
TOYS / SCUBA / SNORKELING EQUIPMENT ABOARD THE YACHT (*)			DEDUCTIBLE	VALUE (*)
			\$	\$
			\$	\$
			\$	\$

(*) The value of above items will be included in the hull value unless requested to be insured for an additional limit

ADDITIONAL VESSELS AND/OR TRAILERS	WIND DED	TOWING DED	DEDUCTIBLE	VALUE
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Are any vessels towed?	YES		NO		If yes, describe vessel(s) being towed

OTHER							
Are there any vehicles or aircrafts owned and/or used in conjunction with the yacht?				YES		NO	
Are vehicles sometimes rented at orts in the U.S. and/or abroad?				YES		NO	

NOTE: A yacht policy does not cover the liability exposures arising from the ownership, rental, or use of any motor vehicle and/or aircraft. If the answer to either or both questions above is yes, separate coverage may be necessary unless the exposures are already covered by existing personal or business policies.

SECTION V – MOORING / USE / NAVIGATION

MOORING LOCATION(S)															
Home port spring/summer:						Home port fall/winter:									
VESSEL USE															
Is yacht used commercially or for business purposes?						YES*		NO		Pleasure use only			YES		NO
Private Charter		YES		NO		If yes, how many charters per year:									
(*) A yacht policy excludes commercial/ business use, but entertaining clients on the yacht is not considered commercial or business use															
NAVIGATIONAL LIMITS															
PROJECTED ITINERARY FOR NEXT 12 MONTHS															
Foreign Insurance Certificates Required			ITALY		GREECE		SPAIN		FRANCE		OTHER				
YARD WORK/REFIT															
Number of yard periods planned for next 12 months						Start Date:			Completion Date:						
Name or location of shipyard(s)															

SECTION VI – CREW INFORMATION

FULL TIME CREW:				PART TIME CREW:				TOTAL NUMBER OF CREW:					
Are crew contracts utilized?				YES		NO		If yes, provide copy of contract					
Is the yacht owner operated?				YES		NO		If yes, provide experience/licenses					
Is the yacht ever operated <i>without</i> a captain?				YES		NO		If yes, provide experience/licenses					
CAPTAIN (*)				RESUME ON FILE				NATIONALITY		LOSSES (**)		FULL TIME	
				YES		NO				YES		NO	
1ST OFFICER/MATE (*)				RESUME ON FILE				NATIONALITY		LOSSES		FULL TIME	
				YES		NO				YES		NO	
ENGINEER (*)				RESUME ON FILE				NATIONALITY		LOSSES (**)		FULL TIME	
				YES		NO				YES		NO	
RELIEF CAPTAIN / 1ST OFFICER / ENGINEER (*)				RESUME ON FILE				NATIONALITY		LOSSES (**)		FULL TIME	
				YES		NO				YES		NO	
				YES		NO				YES		NO	
NATIONALITIES OF OTHER CREW MEMBERS													
(*) A full time Captain and/or First Officer/Mate means the person hired for these positions has no other employment except the insured yacht. Changes in crew must be notified in advance to Underwriters along with CV/experience, license and loss history for approval.													
(**) If yes, provide details of crew members' losses in Section VII													
TYPE OF CREW MEDICAL AND/OR ACCIDENT INSURANCE						INSURANCE COMPANY PROVIDING THE COVERAGE							
None		Medical/Health		Accident Only									
ENTITY RESPONSIBLE FOR PAYING CREW						SHOULD ENTITY BE LISTED AS ADDITIONAL INSURED?							
						YES		NO		If yes, provide address in Section VIII			

SECTION VII – HISTORY

PREVIOUSLY OWNED VESSELS		HAS INSURANCE FOR ANY VESSEL BEEN DECLINED OR CANCELLED?		
	YES		NO	If yes, state reason:
YACHT'S LOSS HISTORY				
INSURED'S LOSS HISTORY				
LOSS HISTORY OF THE CAPTAIN, 1 ST OFFICER AND/OR ENGINEER				

SECTION VIII – ADDITIONAL INTERESTS

TYPE AND NAME & ADDRESS OF ENTITY	
	Loss Payee:
	ADDITIONAL INSURED:
	BREACH OF WARRANTY:

SECTION IX – CERTIFICATE OF FINANCIAL RESPONSIBILITY (COFR)

COFR: U.S. COAST GUARD (*)				
CORF Number		Expiration Date		
ALASKA		CALIFORNIA		OTHER
(*) Oil Pollution Act of 1990 (OPA-90) requires vessels over 300 gross tons to provide a Certificate of Financial Responsibility (COFR) to the U.S. Coast Guard prior to navigating U.S. waters. Independently of OPA-90, some States have specific regulations for certain type vessels navigating within their waters, such as the States of Alaska, California, Oregon, Texas and Washington.				

SECTION X – OCEAN CARGO INFORMATION

OCEAN CARGO				
Cargo Shipment Required	YES		NO	Name of Cargo Carrier
Shipment Dates				
City of Departure				
Arrival City				

SECTION XI – OTHER COMMENTS

SECTION XII- SIGNATURE

I DECLARE THAT THE ANSWERS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ALL MATERIAL FACTS RELATED TO THE RISK TO BE INSURED HAVE BEEN DISCLOSED. I ALSO AGREE THAT THE INFORMATION GIVEN HEREIN SHALL FORM THE BASIS UPON WHICH THE INSURANCE WILL BE OFFERED, AS WELL AS THE BASIS FOR THE INSURANCE CONTRACT BETWEEN ME AND THE INSURER IF A POLICY IS SUBSEQUENTLY ISSUED. NON DISCLOSURE OR MISREPRESENTATION OF ANY MATERIAL FACT RELATED TO THE RISK MAY RESULT IN THE WITHDRAWAL OF THE OFFER AND/OR THE NULLIFICATION OF THE INSURANCE POLICY.

SIGNATURE:

DATE:

THIS APPLICATION IS TO BE SIGNED BY AN AUTHORIZED INDIVIDUAL ACTING ON BEHALF OF THE OWNER AND/OR OF THE ENTITY HOLDING TITLE TO THE YACHT