



YACHT & PLEASURE CRAFT PROPOSAL

PLEASE COMPLETE THE ATTACHED FORM COMPLETELY IN ORDER FOR US TO PROVIDE THE PROPER COVER.

REPLACE THE "NOT APPLICABLE" TEXT IN THE FIELDS WITH YOUR ANSWERS OR STATEMENTS BY PRESSING DELETE ON THE HIGHLIGHTED TEXT IN THE FORM FIELD THEN TYPING.

WHEN THE FORM IS COMPLETE, SELECT THE "SAVE" TAB AT THE BOTTOM LEFT OF THE FORM TO SAVE A COPY FOR YOUR RECORDS THEN SELECT THE "SUBMIT" BUTTON TO EMAIL THE FORM TO US VIA YOUR EMAIL CLIENT.

ALTERNATIVELY, YOU CAN EMAIL US YOUR SAVED COPY AS AN ATTACHMENT.

SHOULD WE REQUIRE ANY ADDITIONAL INFORMATION, WE WILL CONTACT YOU AND IF NEEDED AMMEND THE FORM SENDING YOU THE COMPLETED COPY TO SIGN VIA "RIGHT SIGNATURE" – A ELECTRONIC SIGNATURE SERVICE.

SIGNING VIA RIGHTSIGNATURE

1. OPEN EMAIL AND SELECT "REVIEW & SIGN DOCUMENT".
2. ACCEPT THE "ELECTRONIC SIGNATURE DISCLOSURE".
3. SCROLL DOWN THE DOCUMENT TO REVIEW.
4. WHEN FINISHED, CLICK ON THE SIGNATURE PAD & SIGN THE DOCUMENT.
5. SELECT SUBMIT SIGNATURE.

YOUR WILL RECEIVE A COPY OF THE SIGNED FORM VIA EMAIL FOR YOU RECORDS.

Thank you for choosing Abaco Insurance Agency!

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 type in block capitals or tick the boxes as appropriate.

(For office use)

ID:

TODAYS DATE:

INSURER:

UNDERWRITER:

POLICY NO.

PROPOSER PREFIX:

PROPOSER FIRST NAME:

PROPOSER MIDDLE INITIAL:

PROPOSER LAST NAME:

PROPOSER SUFFIX:

COMPANY NAME:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

PHONE:

EMAIL:

EMAIL:

TAX ID:

PROPOSER DATE OF BIRTH:

PROPOSER NATIONAL INSURANCE ID:

PROPOSER BUSINESS LICENSE ID:

PROPOSER DRIVERS LICENSE ID:

IS THERE A MORTGAGEE OR LOSS PAYEE? (Please give details):

Period of Insurance - 12 months from:

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?

Have you or any person who will operate the vessel suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs? (If "Yes", give details):

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

Number of years as owner or crew of this type of Craft:

What accidents incidents losses or insurance claims have happened during the past five years in connection with any vessel you have sailed or owned (if none please state none)?

Have you previously insured any vessel? If "Yes" state by whom:

Have you ever had an insurance on your boat cancelled?

Have you ever had an insurance on your boat refused at renewal?

Have you ever had an insurance on your boat renewed only at increased terms?

Please list name and location of Marina where vessel is kept:

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

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

Do you require the vessel to be insured during any inland transits? If "Yes", please give details:

Will vessel be laid up ashore out of commission for part of the year?

If "Yes", please show dates:

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

State Cruising Range required:

Will vessel be used for pleasure purposes only? If "NO" please give details:

Do you have a full-time professional Master? If "Yes", please give details of his sailing experience with this type of boat, and with this particular boat?

Will vessel be operated/sailed single-handed?

Will vessel be used for waterskiing, aquaplaning or any similar sport? If "Yes", give details (Parent vessel or tender):

Will vessel be involved in racing? If "Yes" give details:

Details of Hull:

Name of Vessel:

Manufacturer / Type / Class:

Serial Number or Reg. No.

Year Built:

Length Overall:

Beam:

Material of Hull:

Main Engine Details:

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? If "No", giving details:

Max. designed speed with present engine(s):

Has the vessel proposed for insurance been subject to:

a) conversion? b) modification? c) amateur construction?

If "Yes", give full details:

Details of Fire Extinguisher system:

Has the vessel been surveyed by a qualified surveyor?

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.)

Details of Dinghy / Tender to parent vessel:

Manufacturer:

Year Built:

Length:

Identification / Serial No.

Details of any auxiliary outboard motors - not already shown above:

Details of Trailer

Manufacturer:

Year Built:

Identification / Serial No.

Schedule of Insurance

Hull & Equipment including Inboard Engine (if any):

Value to be Insured:

Date Purchased:

Purchase Price:

Outboard Motor(s) to Parent Vessel:

Value to be Insured:

Date Purchased:

Purchase Price:

Special Equipment – List at bottom of form.

Value to be Insured:

Date Purchased:

Purchase Price:

Dinghy / Tender to Parent Vessel (N.B. Must be permanently marked with name of Parent Vessel:

Value to be Insured:

Date Purchased:

Purchase Price:

Outboard Motor(s) to Dinghy / Tender:

Value to be Insured:

Date Purchased:

Purchase Price:

Trailer:

Value to be Insured:

Date Purchased:

Purchase Price:

Personal Effects:

Value to be Insured: \$500.0

Date Purchased: NOT APPLICABLE

Purchase Price: NOT APPLICABLE

Total to be Insured:

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):

Medical Payments Limit.

Please state higher limit if required (US\$2,000 or equivalent unless otherwise agreed):

Racing Risk Extension (if required for sailing vessels).

Please state total new replacement value of sails, masts, spars, standing and running rigging.

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:

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:

Additional Information/Endorsement

Special Equipment Listing: