



**Virgin Islands Charter Yacht League
Charter Yacht Application**

If the vessel is owned by a Private or Limited Company please state the name of the Company and the beneficial owners. If the yacht is owned by more than one Person, a separate proposal form **must** be completed by each part owner. **(Please complete in block capitals)**

ABOUT THE OWNER	
1. Insured's Full Name:	2. Age:
3. Address:	4. Phone (Work):
(Email):	5. Occupation:
6. Beneficial Owner -If not the Insured (Please list all beneficial owners and specify operators- only operators approved by us will be covered to operate vessels owned in corporate or trust names.) :	
7. Give details of length and nature of boating experience including qualifications including previously owned vessels:	
8. Have you had any accidents, claims or losses in connection with any vessel you have sailed, owned or was under your control in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details, including dates and amounts paid):	
9. Have you or any person you have allowed or may allow to use your yacht, ever been charged with or convicted of any offence involving dishonesty or any other offence which might affect our assessment of the risk? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
10. Have you ever had Insurance declined, non-renewed or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
11. Names of other principal operators	
12. Previous Insurers:	Policy Renewal Date:

ABOUT THE VESSEL			
13. Name Of Vessel:	14. Type (e.g. Motor Yacht):		
15. Date of Purchase:	16. Manufacturer:		
17. Model:	18. Year of Build:		
19. Port of Registry:	20. Flag:		
21. Class:	22. Hull Identification Number:		
23. Price Paid:	24. Current Market Value:		
25. Length:	Beam:	Draft:	Tonnage:
26. Material of Hull:		27. Material of Mast:	

28. Engines (Make):	Number & Horse Power:	Maximum Design Speed:
29. Surface Drives: Yes <input type="checkbox"/> No <input type="checkbox"/>	30. Has the Yacht been professionally surveyed in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide the surveyor's name and copy of the survey): Have all the survey recommendations been complied with? Yes <input type="checkbox"/> No <input type="checkbox"/>	
31. Is the Yacht subject to finance or mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please advise amount of loan and name of lender):		32. Details of fire extinguishing system:
33. Currency: USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>		

COVERAGES NEEDED		
<u>Item</u>	<u>Sum Insured</u>	<u>Deductible</u>
34. Hull		
35. Tenders (Total)		
36. Personal Effects		
37. Trailers (Total)		
38. Liability		
39. Medical Expenses		
40. Crew Liability		

ADDITIONAL COVERAGE			
<u>Coverage</u>	<u>Limit</u>		
41. Protection & Indemnity	1,000,000 <input type="checkbox"/>	2,000,000 <input type="checkbox"/>	5,000,000 <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>
42. Water-skiers Liability	250,000 <input type="checkbox"/>	500,000 <input type="checkbox"/>	1,000,000 <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>
43. Third Party Liability	1,000,000 <input type="checkbox"/>	2,000,000 <input type="checkbox"/>	5,000,000 <input type="checkbox"/>
44. Uninsured Boaters	100,000 <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>	
45. Medical Payments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Including Captain & Crew Yes <input type="checkbox"/> No <input type="checkbox"/>	
46. War risk cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit as per Total Sum Insured shown in box 39 above.		

USE OF VESSEL
47. Details of use: Private and Pleasure only <input type="checkbox"/> Skipper Charter Use <input type="checkbox"/> Bareboat Charter Use <input type="checkbox"/> (If Skipper or Bareboat Charter use is required please specify number of weeks):
48. Racing or Regattas: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide details, including the values of the masts, spars, sails and rigging):

49. Mooring location Home Port Spring / Summer:	
50. Mooring location Home Port Fall / Winter:	
51. In Commission months:	Lay up period:
52. Will there be any towed vessels? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	
53. Required cruising range:	
54. If cruising East Coast US Waters below 35 degrees North a Hurricane Plan is required, please complete attached form.	
55. Yard Period? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please provided full details of period, name and location of shipyard):	

CREW DETAILS (if applicable)

56. Number of Crew:	57. Permanent Crew including Captain:
58. Temporary Crew:	59. Details of any U.S Nationals:
60. Captains Qualifications: (The Captains CV and License must be submitted to Underwriters for their agreement.)	
61. Captains Claims Record: Has the Captain had any accidents, claims or losses in connection with any vessel under their control? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please provide full details):	

DECLARATION

I declare that the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.

*A material fact is one likely to influence acceptance or assessment of this proposal by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This proposal and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

Signed:	Full Name:	Date:
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