



YACHT CHARTER CANCELLATION INSURANCE APPLICATION

You must complete this Proposal Form in BLOCK CAPITALS and ensure that every question is fully and correctly answered. Please attach a separate piece of paper if there is insufficient room to answer any questions.

Please read the declaration at the end of this document before signing and dating this Proposal Form.

Name of Assured:

Address:

Telephone:

Fax:

E-mail:

Name of vessel:

Age of vessel:

Departure date of charter:

Return date of charter:

Point of departure and charter itinerary:

Limits of Indemnity:	Irrecoverable costs and expenses	US\$
	Other (please specify)	US\$

	Maximum Indemnity	US\$

Please note the Limit of Liability must represent 100% of the Assureds total financial liability should the charter be Cancelled due to an Insured Peril, regardless of any co-insurance.

Insured Person(s) (i.e. the names and ages of all individuals taking part in the charter):

- 1) Age next birthday:
- 2) Age next birthday:
- 3) Age next birthday:
- 4) Age next birthday:
- 5) Age next birthday:

Close Business Associates (an optional coverage – additional premium may be required. Medical questions 2, 3, 4, 5 & 6 overleaf are to be answered by the Close Business Associate):

- 1) Age next birthday: Position/title:
- 2) Age next birthday: Position/title:

The party signing this Proposal shall consult with the Assured and each and every Insured Person before answering the following six (6) questions:

- 1) Has any person to be insured had reason to cancel a yacht charter at any time over the past five (5) year? YES / NO
- 2) Is any person to be insured suffering from any physical, mental or other medical condition? YES / NO
- 3) Is any person to be insured undergoing any form of treatment, medical or otherwise? YES /NO
- 4) Is any person to be insured following any form of proscribed regime, medical or otherwise? YES / NO
- 5) Is any person to be insured aware of any matter , fact, circumstance or incident existing or threatened that could possibly affect the charter and might result in a loss under the proposed insurance? YES / NO

If any of the above questions have been answered YES, please provide full details.

- 6) Please confirm that all persons to be insured (including Close Business Associates if applicable) are currently in good health and have been so for the last 180 days
YES / NO

If NO, please advise the name of the person(s) in question and the reason for it:

Please note that coverage for Family Members (see policy wording for Definition) is automatically included, but only in respects of Family Members up to the age of sixty (60) at their next birthday and only in respects of death, life threatening accident or illness within a period of 30 days prior to the commencement date of the charter, through to the conclusion of the charter.

If coverage is to be considered to include Family Members over the age of 60, then the names and ages should be provided on a separate sheet. An additional Premium may apply.

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-3-

IMPORTANT NOTE – Your duty of disclosure

To the best of my / our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in my / our own hand or not, is true and I / we have not withheld any material facts. I / we understand that non-disclosure or misrepresentation of a *material fact will entitle Underwriters to void the insurance.

NOTE: *A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to what constitutes a material fact you should consult your Broker.

Your signature

Date