

INSURANCE ENQUIRY FORM



Sailing Yachts | Motor Boats | Superyachts

www.yyachtinsurance.com

3 Belmont Villas, Plymouth, PL3 4DP England.

Tel: +44 (0)1752 606557 Email: y@why.uk.com

CUSTOMER DETAILS

NAME(S)	<input type="text"/>	
OCCUPATION	<input type="text"/>	
ADDRESS	<input type="text"/>	
	<input type="text"/>	
POSTCODE	<input type="text"/>	DATE OF BIRTH <input type="text"/>
PHONE (PRIVATE)	<input type="text"/>	
PHONE (MOBILE)	<input type="text"/>	
EMAIL(S)	<input type="text"/>	

OFFICE USE

Y CUSTOMER REF

FROM WHERE DID YOU HEAR ABOUT US?

YACHT DETAILS

YACHT NAME	<input type="text"/>	LENGTH	<input type="text"/>
MAKE/MODEL	<input type="text"/>	ENGINE MAKE	<input type="text"/>
PRICE PAID	<input type="text"/>	FUEL TYPE	<input type="text"/>
YEAR BUILT	<input type="text"/>	HULL MATERIAL	<input type="text"/>
DATE PURCHASED	<input type="text"/>	PORT OF REGISTRY	<input type="text"/>

SUMS INSURED

HULL	<input type="text"/>	Your requested Yacht's insurance value excluding items below, e.g. dinghy, outboard motor etc.
DINGHY	<input type="text"/>	
OUTBOARD MOTOR	<input type="text"/>	Please note that it is not the intention that the yacht policy should cover items more properly insured under your household policy.
PERSONAL EFFECTS	<input type="text"/>	
SPECIAL EQUIPMENT	<input type="text"/>	
LIFERAFT	<input type="text"/>	Electronic gear and the like, that would not subsequently be sold with the vessel.
TOTAL	<input type="text"/>	WATERSKIING <input type="text"/> Please indicate YES or NO
		WATERTOYS <input type="text"/> Please indicate how many

OTHER INFORMATION

CRUISING AREA (Please indicate by typing 'x' in appropriate box(es))

UK INLAND COASTAL 70nm offshore
 EUROPE INLAND COASTAL 70nm offshore
 UK - ELBE/BREST
 UK - LA ROCHELLE
 MED Not East of Long: °EAST

OTHER (Please state)

THIRD PARTY LIABILITY Your Marina/Harbour Authority may require a minimum. CHARTER Please indicate YES or NO If YES, please indicate Skipper or Bareboat charter

MOORING MARINA RACING Please indicate YES or NO Please give details on second page

MOORING LOCATION/TYPE Please use second page to give full details including type e.g. buoy/ piles, exact location and who is responsible for maintenance. MONTHS IN COMMISSION

EXPERIENCE Please use second page if more space needed.

QUALIFICATIONS Please use second page if more space needed.

FOR HOW MANY CONTINUOUS YEARS HAVE YOU OWNED A BOAT WITHOUT A CLAIM Please give details of claims with dates on second page

CONVICTIONS (NOT MOTOR) Please use second page if more space needed.

EXISTING INSURER (OPTIONAL) RENEWAL DATE EXISTING PREMIUM £

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CONTINUED

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION

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