

INSURANCE ENQUIRY FORM

Y Yacht Insurance

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))

<input type="checkbox"/> UK INLAND COASTAL 70nm offshore	<input type="checkbox"/> EUROPE INLAND COASTAL 70nm offshore	<input type="checkbox"/> UK - ELBE/BREST	<input type="checkbox"/> UK - LA ROCHELLE	<input type="checkbox"/> MED Not East of Long: <input type="text"/> °EAST
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OTHER (Please state)

THIRD PARTY LIABILITY	<input type="text"/>	Your Marina/Harbour Authority may require a minimum.	CHARTER	<input type="text"/>	Please indicate YES or NO	<input type="text"/>	If YES, please indicate Skipper or Bareboat charter
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MOORING MARINA	<input type="text"/>	RACING	<input type="text"/>	Please indicate YES or NO Please give details on second page
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MOORING LOCATION/TYPE	<input type="text"/>	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	<input type="text"/>
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EXPERIENCE	<input type="text"/>	Please use second page if more space needed.
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QUALIFICATIONS	<input type="text"/>	Please use second page if more space needed.
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FOR HOW MANY CONTINUOUS YEARS HAVE YOU OWNED A BOAT WITHOUT A CLAIM	<input type="text"/>	Please give details of claims with dates on second page
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CONVICTIONS (NOT MOTOR)	<input type="text"/>	Please use second page if more space needed.
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EXISTING INSURER (OPTIONAL)	<input type="text"/>	RENEWAL DATE	<input type="text"/>	EXISTING PREMIUM	<input type="text"/>	£
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INSURANCE ENQUIRY FORM

CONTINUED

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION

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