

# AL-BAHRIAH INSURANCE & REINSURANCE S.A.L

AL-BAHRIAH HOUSE, 770 HOTEL DIEU AVENUE, P.O.BOX 116-5242 BEIRUT –LEBANON  
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## Application Form for Yacht Insurance

### Applicant Particulars

|  |          |
|--|----------|
| Beneficial Owner Name*   |          |
| Manager Name*  |          |
| Address* (permanent residence)   |          |
| Home Telephone Number  |          |
| Business Telephone Number  |          |
| Mobile Telephone Number  |          |
| Fax Number   |          |
| E-mail Address   |          |
| Nationality  |          |
| Usual Occupation   |          |
| Date of Birth  |          |
| Are you the sole Owner of vessel?  | <Select> |
| If no, please give full details of other co-Owners   |          |
| Is the vessel subject to mortgage?   | <Select> |
| If yes, state full name and address of the bank/mortgagee and amount   |          |
| Do you employ a professional Skipper?  | <Select> |
| If yes, please include name, age, nationality, qualification   |          |
| Name, age, and number of years of experience in skippering yacht including size and type of yacht, in respect of you or any other person who will be in charge of the yacht  |          |
| 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 of any kind ? or ever been declared bankrupt? If yes, please give full details | <Select> |
| Please advise name of past or present Insurer, if applicable   |          |
| Have you taken any courses in yachting or sailing?   |          |
| Please specify type of License held  | <Select> |
| If Other, please specify   |          |
| List previous owned vessels by:  |          |
| Length   |          |
| Manufacturer   |          |
| Years Owned  |          |

**Vessel Particulars**

|  |                            |
|--|----------------------------|
| Name of Vessel*  |                            |
| Type of Vessel*  | <Select> If Other, specify |
| Material of hull construction                                    | <Select> If Other, specify |
| Classification Society*  |                            |
| Certificate of Seaworthiness?* if Yes issue place/date & by whom | <Select>                   |
| Vessel Make and Model*   |                            |
| Builder & Hull ID Number*  |                            |
| Flag*/ Port of Registry & Number                                 |                            |
| Gross Tonnage (GT)*  |                            |
| If more than 100 GT, IMO No.*                                    |                            |
| Year Built*  |                            |
| Length of Vessel in meters*                                      |                            |
| Vessel Insured Value*(excluding Boat & Personal Effects)         |                            |
| Year of purchase   |                            |
| Purchase price paid  |                            |
| Use of Vessel  | <Select>                   |

**If Sail**

|  |          |
|--|----------|
| Type of rigging  |          |
| Age of rigging   |          |
| Materials of mast  |          |
| Will the Vessel be used for Racing?                                  | <Select> |
| If Yes, please specify type of racing                                |          |
| Please advise full replacement cost of mast, spars, sail and rigging |          |

**Main Engine(s) Particulars**

|   |          |
|---|----------|
| Total number of main Engine(s)                |          |
| Total number of Propeller(s)*                 |          |
| For each engine                               |          |
| a. Is main engine fitted inboard or outboard? | <Select> |
| b. Year Built                                 |          |
| c. Make and Model of engines and serial No.*  |          |
| d. Engine Horsepower*                         |          |
| Fuel Type                                     |          |
| Are engines turbocharged?                     |          |
| Maximum Designed Speed*                       |          |
| Do you have Fire Extinguishers:               | <Select> |
| Number and Type                               |          |
| Content                                       |          |
| Location                                      |          |

**Cruising, Commission & Lay-Up**

|  |                            |
|--|----------------------------|
| Is vessel driven singlehanded or does it require competent command crewing?* | <Select> If Other, specify |
| If crew please specify:  |                            |
| Name of Captain  |                            |
| Number of crew*  |                            |
| Cruising Areas*  |                            |
| Months In Commission*  |                            |
| Where will the Vessel be Moored? Specify Location*                           | <Select> Location          |
| Location when out of Commission and laid-up?*                                |                            |
| When out of commission state if Ashore or Afloat*                            |                            |
| Do you own a trailer?  | <Select>                   |
| If Yes, will the vessel be stored ashore on a trailer?                       | <Select>                   |
| If Yes please specify:   |                            |
| a. Trailer's Value*  |                            |
| b. Trailer's Length  |                            |
| c. Trailer's type model & material of construction                           |                            |
| d. Trailer's Location whilst vessel is stored*                               |                            |

**Navigation and Communication Equipments**

Is vessel equipped with?

|                        |          |
|------------------------|----------|
| Compass                | <Select> |
| Depth Finder           | <Select> |
| Loran                  | <Select> |
| Radar                  | <Select> |
| Fume Detector          | <Select> |
| VHF                    | <Select> |
| EPIRB                  | <Select> |
| Halon                  | <Select> |
| Other (please specify) |          |

**Boat, Dinghy & Tender**

|   |          |
|---|----------|
| Do you have a Boat Dinghy or Tender attached to the Yacht and marked with the Yacht name? | <Select> |
| If Yes specify details  |          |
| Year built of Boat Dinghy Tender  |          |
| Make Model and Length   |          |
| Value of boat dinghy or tender without engine*  |          |
| Value of engine of boat dinghy or tender*   |          |

|   |  |
|---|--|
| Engine Manufacturer Model, Type, HP and maximum designed speed of Boat/Dinghy |  |
|---|--|

### If Skipper Charter

|   |          |
|---|----------|
| Type of Charter Requested (Fishing, Pleasure, etc.) |          |
| Owner's Charter experience                          |          |
| Are charters Owner operated                         |          |
| Details of Charterparty, if any                     |          |
| Where are Charters run out                          |          |
| Max number of passengers                            |          |
| Average number of passengers                        |          |
| Any overnights                                      | <Select> |
| Number of Charters:                                 |          |
| Per Day   |          |
| Per Week  |          |
| Per Year  |          |

### Optional Additional Covers

|  |          |
|--|----------|
| Do you require Water-Skiers Liability?                           | <Select> |
| Do you require Personal Accident cover?                          | <Select> |
| Do you require land transit cover?                               | <Select> |
| Do you require cover for the trailer?                            | <Select> |
| Do you require cover for Personal Effects / Property?            | <Select> |
| a - If Yes, please advise amount of Personal Effects Unspecified |          |
| b - Please Specify all items valued more than US\$ 350           |          |
| c - Please specify total amount of Personal Effects being a + b* |          |

### General Information

|  |          |
|--|----------|
| Have you had any Accidents/Claims/Losses in Connection With any Vessel you have Sailed/Owned/Under Your Control in the Last 5 Years? | <Select> |
| If Yes, please provide details of amounts paid in full   |          |
| Have a survey been conducted on your vessel? If Yes, provide it  | <Select> |
| Do you have a recent photo of your Yacht? If Yes, provide it   | <Select> |
| Please advice date you want your insurance to commence?*   |          |
| Any further information?   |          |

## Declaration

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this application and declaration shall form the basis of the contract of insurance between me and the Insurer if a Policy is issued. I agree to accept the policy in the usual form of the Insurer. I consent to the seeking of information from other insurers to check the information provided in this application form and I authorize provision of such information. I consent to Al-Bahriah Insurance & Reinsurance S.A.L. holding information relevant to my policy of insurance in their database.

## Material Information

This application form is an important document. It is important that you answer all questions completely and properly. All questions asked relate to material information. All material facts must be disclosed to the Insurer whether or not the subject of a specific question above. A material fact is one which a prudent Insurer would regard as likely to influence the acceptance or assessment of the application. Non disclosure or misrepresentation of material fact may result in the insurance being declared void from inception and claims being rejected. If you are in any doubt about whether facts would be considered material, you should disclose them.

## Notes

Completion by you of this application form does not bind the Insurer to give a quotation or provide insurance for your vessel nor bind you to complete the insurance. Any indication of premium given by the Insurer is in good faith but there will be no insurance contract between you and the Insurer until you are notified by the Insurer that your application form has been accepted and you have been advised by the Insurer the premium required for insuring your vessel and you have accepted that quotation.

All items marked with a star (\*) must be clearly answered as they will appear in the Schedule of the Policy. If any item does not apply to your vessel simply state n/a.

Signature:

Capacity:

Date and Place: