

## Marine Special Protection Insurance Yacht Questionnaire

**Assured**

1. Yacht Owner:

Head office address:

Name of Yacht:

**Insured Persons**

2. Number of crew on board vessel(s):

**Vessel Details:**

3. Length of vessel, Speed of Vessel, Freeboard of Vessel

**Please also complete the schedule of trips at the end of the application**

**Financial information**

4. Total revenue of your business or Annual Income:

Total Assets / Net Worth

**Other Insurance**

5. Do you have any other form of kidnap and ransom insurance? Yes  No

If Yes, please state with whom you are insured and for what sum:

Name of insurance company:	Sum Insured

**Previous threats or losses**

6. Have you or any insured person had any claims and/or experienced threats or incidents that would give rise to a claim under this insurance within the last 5 years? Yes  No

If Yes, please give details: (Continue on a separate sheet if necessary)

**Previous insurance**

9. Have you ever been declined kidnap and ransom insurance, or has any insurer ever cancelled or declined to renew your policy? Yes  No

If Yes, please give full details: (Continue on a separate sheet if necessary)

**Amount Insured**

10. Limit requested:    \$1,000,000  \$2,000,000  \$3,000,000  \$5,000,000

**Security on board**

11. Is there security onboard vessels or any anti-piracy measures in place? Yes  No

If so, please provide details:

<p style="text-align: center;"><b>Please complete vessel details as below</b> (continue of separate sheet if necessary)</p>	<p style="text-align: center;">Please specify how many transits/port calls are undertaken in each area on an individual voyage or annually</p>
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Planned Destinations / Docks	# of Trips	Duration of trips	# of guests on board

Any trips through Gulf of Aden or within 250 miles of Somalia? (IF YES, FURTHER DETAILS WILL BE REQUIRED)

**Declaration**

The undersigned duly authorized representative of the applicant declares to the best of his or her ability that the statements set forth herein are true.

**NOTICE TO APPLICANTS:** This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of the policy. The applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

**FRAUD – GENERAL WARNING:** Any person who knowingly submits an application for insurance or statement of claim containing any materially false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud an insurance company or other person may be guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

Assured's name

Position in company

Signature

Date