

## APPLICATION FOR INSURANCE (one form per yacht)

To: MS Amlin Marine N.V. (MSAM), acting on behalf of MS Amlin Insurance SE (hereinafter called "the Company").

The undersigned herewith confirm acceptance of the Company's terms and conditions, as discussed and agreed. The content of the Company's completed questionnaire, information provided by the Assured and/or the broker during the quotation stage of the insurance contract will form part of the Policy of Insurance.

<b>Attachment Date</b>			
<b>Type of Insurance</b>	PROTECTION & INDEMNITY YES / NO	DEFENCE COVER FOR LEGAL COSTS YES / NO	CREW PA & ILLNESS INSURANCE YES / NO
<b>Area of Navigation</b>			
<b>Type of Operation</b>	Private Pleasure only	Fully crewed commercial charter	

DETAILS of Yacht			
<b>Name of the Yacht</b>			
<b>Builder/Model</b>			
<b>Gross Tonnage</b>		<b>I.M.O (If applicable)</b>	
<b>Certifying Authority</b>		<b>Year built</b>	
<b>Classification Society (If applicable)</b>			
<b>Flag</b>			
<b>Call Sign</b>		<b>Port of Registry</b>	
<b>Registered passenger capacity</b>		<b>Number of Engines</b>	
<b>Yacht's insured H&amp;M Value</b>		<b>Make and Model of Engine</b>	

<b>Engine HP</b>	
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<b>Details of Separately Registered Tender(s)</b>		
<b>Please provide details for all separately registered Tenders</b>	(Name, Model, Gross Tonnage, Certifying Authority, Flag, Port of Registry, Engine detail)	
<b>Is such Tenders used independently of the Yacht</b>	YES	NO

<b>Crew DETAILS</b>	
<b>Number of Crew</b>	
<b>Nationality of Crew</b>	Number:
<b>Please provide details of any Crew Personal Accident or welfare policy currently in place for Crew and/or Guests</b>	

CLAIMS		
<b>Claims History</b>	Please provide details of any incident over the last five years that has given rise to a liability claim, may yet give rise to a claim, or would have given rise to a claim had P&I insurance cover been in place	
<b>Date of Loss</b>	<b>Type of Loss</b>	<b>Total Value of Claim including estimated and paid to date amounts</b>

Crew Personal Accident & Illness (If applicable)				
<b>Name of Crew member</b>				
<b>Date of Birth</b>				
<b>Occupation</b>				
<b>Do you have any pre-existing conditions? (If yes, please provide details)</b>				
<b>Have you been treated by a registered medical practitioner or have you had medical or surgical advise requiring hospitalization, time off work, or ongoing treatment? (If yes, please provide details)</b>				
<b>Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genile-</b>				

uniry(?), digestive, or circulatory systems, or the back, spine, eyes or heart? (If yes, please provide details)				
Have you ever claimed for benefits under any Accident or Illness Insurance or have you lodged any Personal Accident and/or Illness claims in the past 5 years?				

DETAILS of the main Assured		
Please mention the full legal title and trading name of the Assured		
Company registration number Chamber of Commerce		
Full address		
Postal code		
Country		
Telephone number		
E-mail address		
Ultimate Beneficial Owner	Name	
	Nationality	
	Date of Birth	
	Country of Domicile	

**DETAILS of Yacht Manager to be named (If applicable)**

<b>Please mention the full legal title and trading name of the Yacht Manager</b>	
<b>Company registration number Chamber of Commerce</b>	
<b>Full address</b>	
<b>Postal code</b>	
<b>Country</b>	
<b>Telephone number</b>	
<b>E-mail address</b>	

**DETAILS of any other Parties to be named who have an interest in the Yacht (If applicable)**

<b>Name</b>	
<b>Identity</b>	

**INVOICE**

<b>Invoice addressed to (Please tick box)</b>	<input type="checkbox"/> Main Assured	<input checked="" type="checkbox"/> Yacht Manager
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**IN CASE OF BLUE CARD**

<b>Name of issuing flag state</b>	Bunker Blue Card: Wreck Removal Blue Card:
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## DECLARATIONS

***I agree to digital provision of the policy conditions, and the related precontractual information and I accept that the said information are provided by means of the Company website. YES/NO***

***The Policy of Insurance and the related documents can be found on the Company Website under "Documents" <https://msamlin-marine.com/products/shipowners-pi/yacht-pi/>***

***I declare that the information supplied is true and correct and any wrong information given can render the Policy of Insurance void at the option of the Company.***

<b>Date of application</b>	
<b>Signed by</b>	
<b>Capacity (Yacht manager/Owner/ Assured)</b>	
<b>Signature</b>	

*Upon receipt of this completed and signed Application Form the Company will issue the Certificate of Insurance. For Data Privacy please see [Data Privacy Notice | MS Amlin Marine.](#)*