

APPLICATION FOR INSURANCE (one form per yacht)

To: MSIG Specialty Marine NV, acting on behalf of MSIG Europe 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.

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

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

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

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

CLAIMS		
Claims History	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	
Date of Loss	Type of Loss	Total Value of Claim including estimated and paid to date amounts

Crew Personal Accident & Illness (If applicable)				
Name of Crew member				
Date of Birth				
Occupation				
Do you have any pre-existing conditions? (If yes, please provide details)				
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)				
Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genile-				

<p>uniry(?), digestive, or circulatory systems, or the back, spine, eyes or heart? (If yes, please provide details)</p>				
<p>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?</p>				

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

DETAILS of Yacht Manager to be named <i>(If applicable)</i>	
Please mention the full legal title and trading name of the Yacht Manager	
Company registration number Chamber of Commerce	
Full address	
Postal code	
Country	
Telephone number	
E-mail address	

DETAILS of any other Parties to be named who have an interest in the Yacht <i>(If applicable)</i>	
Name	
Identity	

INVOICE		
Invoice addressed to <i>(Please tick box)</i>	<input type="checkbox"/> Main Assured	<input checked="" type="checkbox"/> Yacht Manager

IN CASE OF BLUE CARD	
Name of issuing flag state	Bunker Blue Card: Wreck Removal Blue Card:

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" www.msigspecialtymarine.com/solutions/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.

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

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 | MSIG Specialty Marine](#).