

ENQUIRY FORM

I. PERSONAL DETAILS

Name of the Insured:	
Address:	
Post Code:	
Country:	Occupation:
Phone:	Mobile:
Fax:	E-mail:

Names of joint owners:

1:	2:
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2. PARTICULARS OF VESSEL

Name:	Year Built:	
Builder:	Model:	
Country of Registration:		
Length (m.):	Beam (m.):	Draft (m.):
Material of Hull:	Mast head/fractional:	
Material of Mast:	If carbon, state builder:	
Make/Model of Engine(s):		
No. of engines:	HP (each):	
Fuel:	Max. speed under power:	
Date of last survey:	Surveyor's Name:	

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PANTAENIUS
Sail & Motor Yacht Insurance

Germany · Great Britain · Monaco · Denmark · Austria · Spain · Sweden · USA · Australia

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If not professionally built or has been modified, please provide full details.

Date Purchased:	Price Paid:
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Does any finance company have an interest in the vessel?

 Yes No

If yes, give name and address and agreement number:

3. USE OF VESSEL

Cruising Area:

Home Port:	Which marina?
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Or Mooring?

(If your boat lies on a mooring, please supply full details, including location who is responsible for its maintenance.)

Do you transport your yacht?

 Yes No

How?

Do you race your yacht?

 Yes No

If yes, how often?

Is the vessel offered for charter?

 Skipper Bareboat

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4. SUMS TO BE INSURED

Hull Insurance	Currency	Sum to be insured
Value of vessel including the entire equipment, inventory, built in motors etc.		
Outboard/auxiliary motors (if main engine)		
Tenders and their outboards *give details		
Trailer		
Personal Effects/Belongings		
TOTAL VALUE = FIXED SUM TO BE INSURED		

5. INSURANCE HISTORY AND EXPERIENCE

Number of years continuous yacht insurance:	Current Insurer:
Renewal Date of current insurance:	

DETAILS OF CLAIMS HISTORY

Date	Value	Cause

SAILING EXPERIENCE

As Skipper:
As crew:

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Qualifications:

6. GENERAL

Have you had any application for insurance rejected, any renewal refused, or had any extraordinary conditions applied to a policy of insurance, or had the premiums increased?

Yes

No

If yes, give details:

Have you been insured through Pantaenius before?

Yes

No

7. IMPORTANT NOTES

If you need to provide additional information to any of the above questions, please attach a separate sheet of paper.

I hereby declare that the above information is correct and complete. I agree that the above shall serve as the basis of any insurance contract that results from this enquiry. I understand that this enquiry does not bind me to complete the insurance.

Date:

Signature:



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