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YACHT INSURANCE

We are investigating at length the possibility of providing an on-line quotation service for Yacht Insurance. However the varying premiums for the many hundreds of different boats in different parts of the World have made the processing of the data an onerous task.

In the meantime, we would request that you bear with us, and use the following procedure to obtain a quotation:

By completing the proposal form on the next pages, you will provide us with the information we require to precisely assess your needs. We work with R.A. Rossborough Limited and Independent Insurance Company Limited to arrange Yacht cover. They will obtain quotes from a large number of the biggest and best Insurance Companies Worldwide, to ensure that you obtain the best possible cover to suit your needs at the lowest possible premium.

The procedure we suggest is as follows:

1. Print out this form.
2. Fill in all of the sections, if you have any queries on filling in the form, please e-mail custsvc@e-offshore.net. We regret that we are unable to deal with queries via the telephone.
3. Please then FAX the form to IML in Jersey at +44-1534-605905.
4. Retain the original signed copy of the form, you will need to forward it with payment if you wish to arrange cover.
5. The form will be checked for errors, and we will revert to you with a quotation within 48 hours via e-mail.
6. We will then await your instructions in the matter.

We regret any inconvenience that this procedure may cause. We are working hard to make the process a lot easier.

The e-offshore Team.

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EFS public relations queries to – +44-208-405-7070 x211

Agency Nos

Agency/Broker Name:

Yacht By Design Proposal

Cover by
Independent Insurance Company
Limited



The following information is required for the Yacht By Design Application Form.
Please answer ALL questions. If there is insufficient space to answer any question
in full, please provide this on a separate sheet

Details of Owner		IMPORTANT: your e-mail address: <input type="text"/>	
You	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other (please give details) <input type="text"/>	
	First Name <input type="text"/>	Surname <input type="text"/>	
Company Name	<input type="text"/>		
Correspondence Address	<input type="text"/>		
	<input type="text"/>		Postcode <input type="text"/>
Telephone Home	<input type="text"/>	Office <input type="text"/>	Fax <input type="text"/>
Years experience with this Vessel <input type="text"/>	Other Vessel <input type="text"/>	Have you had any claims in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give full details	<input type="text"/>		
Name of Captain	<input type="text"/>	Number of Crew (incl. Captain)	<input type="text"/>
Name of your present Agent and Insurer	<input type="text"/>		
What date do you require Insurance to commence?	<input type="text"/>		
Section 1 Details of your Yacht			
YACHT NAME	<input type="text"/>		
Satcom/Telephone Number	<input type="text"/>		
Make & Model of Yacht	<input type="text"/>		
Serial Number	<input type="text"/>	Has Yacht been Rebuilt/Converted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give details	<input type="text"/>		
LOA <input type="text"/> ft/m <input type="text"/>	Beam <input type="text"/> ft/m <input type="text"/>	Draught <input type="text"/> ft/m <input type="text"/>	
Tonnage <input type="text"/>	Port of Registration <input type="text"/>	Flag <input type="text"/>	Sail Area <input type="text"/>
Home Port <input type="text"/>	Type of Engine(s) <input type="text"/>	HP	<input type="text"/>
Age <input type="text"/>	Design Speed <input type="text"/>	Serial No. Port Engine <input type="text"/>	Starboard Engine <input type="text"/>
Details of Fire Extinguisher System	<input type="text"/>		
Insured Values	Value		
Hull, Machinery & Gear (Excluding Contents and Personal Effects)	<input type="text"/>		
Bridge Equipment (e.g. SATCOM, GMDSS, Radar etc.)	<input type="text"/>		
Make & Model of Tenders: incl engine/ HP	<input type="text"/>		
Make & Model of Outboard: engines/ HP	<input type="text"/>		
Make & Model of Jet Skis/Wet Bikes etc.	<input type="text"/>		
Make & Number of Wind Surfers	<input type="text"/>		
Other ancilliary equipment	<input type="text"/>		
	Total		<input type="text"/>
Excess required H & M for Hull & Machinery	<input type="text"/>		
Will the Yacht be chartered?	<input type="text"/>	Months in commission?	<input type="text"/>
Cruising Range	<input type="text"/>		

Section 2

What Third Party liability limit is required? What Water-Sports liability limit is required?

Section 3

Is War cover required? Yes No

Section 4

What is the value of the Yachts Contents?

Note: Antiques, Silver, Gold, Curios, Sculpture, Painting and Fine Arts valued in excess of \$5,000 per item should be listed with separate values on an attached sheet. Your Contents is the total value of your interior incl. All built-in furniture, carpets, TV's etc. Which is not otherwise covered under Section 1.

Is personal possessions insurance cover required? Please state amount

Is Yacht Credit Card/Money cover required? Please state money limit

Section 5

Is Employer's Liability cover required? Yes No

Section 6

Is Loss of Charter Income required? Yes No If Yes please state daily charter fee

Section 7

Is Loss of Charter Income required? Yes No If Yes, please state 1xAnnual Salary 2xAnnual Salary Cover required? Yes No benefits level 3xAnnual Salary

What is the estimated payroll per annum?

Section 8

Is Crew medical cover required? Yes No If Yes, number of crew

Is Crew Personal effects cover required? Yes No If Yes,, for what amount each crew

Is Crew Travel Cancellation/Curtailment and rearrangement cover required? Yes No

Is Crew Replacement Expenses cover required? Yes No

Is Crew loss of Money/Credit Cards required? Yes No

If Yes, please state money limit

Is Crew Personal Liability required? Yes No

Declaration

Private Proposer

I/We declare that to the best of my/our knowledge and belief all the information provided in this proposal form is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of any material fact would entitle the Company to avoid the insurance (NB. A material fact is one likely to influence the Company in the acceptance, assessment or continuance of this insurance. If there is any doubt as to whether a fact is "material", then it should be disclosed

Signature

Date

Non-Private Proposer

We declare that the above statements and any other information provided in relation to this Proposal Form are true and complete. We agree that this Proposal Form and Declaration shall be the basis of the contract between us and the Company (and of any subsequent renewal if such is granted).

Signature

Date