

# INSURANCE ENQUIRY FORM



Sailing Yachts | Motor Yachts | Superyachts

[www.yyachtinsurance.com](http://www.yyachtinsurance.com)

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## CUSTOMER DETAILS

NAME(S)	<input type="text"/>	
OCCUPATION	<input type="text"/>	
ADDRESS	<input type="text"/>	
	<input type="text"/>	
POSTCODE	<input type="text"/>	DATE OF BIRTH <input type="text"/>
PHONE (PRIVATE)	<input type="text"/>	
PHONE (MOBILE)	<input type="text"/>	
EMAIL(S)	<input type="text"/>	

## OFFICE USE

Y CUSTOMER REF

FROM WHERE DID YOU HEAR ABOUT US?

## YACHT DETAILS

YACHT NAME	<input type="text"/>	LENGTH	<input type="text"/>
MAKE/MODEL	<input type="text"/>	ENGINE MAKE	<input type="text"/>
PRICE PAID	<input type="text"/>	FUEL TYPE	<input type="text"/>
YEAR BUILT	<input type="text"/>	HULL MATERIAL	<input type="text"/>
DATE PURCHASED	<input type="text"/>	PORT OF REGISTRY	<input type="text"/>

## SUMS INSURED

HULL	£ <input type="text"/>
DINGHY	£ <input type="text"/>
OUTBOARD MOTOR	£ <input type="text"/>
PERSONAL EFFECTS	£ <input type="text"/>
SPECIAL EQUIPMENT	£ <input type="text"/>
LIFERAFT	£ <input type="text"/>
TOTAL	£ <input type="text"/>

Your requested Yacht's insurance value excluding items below, e.g. dinghy, outboard motor etc.

Please note that it is not the intention that the yacht policy should cover items more properly insured under your household policy.

Electronic gear and the like, that would not subsequently be sold with the vessel.

WATERSKIING

Please indicate YES or NO

WATERTOYS

Please indicate how many

## OTHER INFORMATION

CRUISING AREA (Please indicate by typing 'x' in appropriate box(es))

<input type="checkbox"/> UK INLAND COASTAL 70nm offshore	<input type="checkbox"/> EUROPE INLAND COASTAL 70nm offshore	<input type="checkbox"/> UK - ELBE/BREST	<input type="checkbox"/> UK - LA ROCHELLE	<input type="checkbox"/> MED Not East of Long: <input type="text"/> °EAST
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OTHER (Please state)

THIRD PARTY LIABILITY

£

Your Marina/Harbour Authority may require a minimum.

CHARTER

Please indicate YES or NO

If YES, please indicate Skipper or Bareboat charter

MOORING MARINA

RACING

Please indicate YES or NO  
Please give details on second page

MOORING LOCATION/TYPE

Please use second page to give full details including type e.g. buoy/ piles, exact location and who is responsible for maintenance.

MONTHS IN COMMISSION

EXPERIENCE

Please use second page if more space needed.

QUALIFICATIONS

Please use second page if more space needed.

FOR HOW MANY CONTINUOUS YEARS HAVE YOU OWNED A BOAT WITHOUT A CLAIM

Please give details of claims with dates on second page

CONVICTIONS (NOT MOTOR)

Please use second page if more space needed.

EXISTING INSURER (OPTIONAL)

RENEWAL DATE

EXISTING PREMIUM

£

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CONTINUED

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION

[www.yyachtinsurance.com](http://www.yyachtinsurance.com)

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