

## **Yacht insurance - Quote form**

UBO (Ultimate Beneficial Owners)			
First name and last name:			
Full address:			
Place of residence:			
Date of birth:		Place of birth:	
Nationality:		Years of experience in yachting:	
Vessel			
Assured entity or name:			
Address assured:			
Name of the vessel:			
Builder & type:			
Length:		Value of the vessel:	
Engine(s):		Year of build:	
Class:		Gross tonnage:	
Mooring:		Flag:	
Use:			
Trading:			
Cruising area:			
Professional captain: no	yes if yes: Name	e of the captain:	
Experience:			
Professional crew: no yes if yes: Amount of crew members:			
Coverages	7		
P&I (Protection & Indemnity):	yes no	Legal costs: ☐ yes ☐ r	10
Hull & machinery:	yes no		10
			.0
Claims history			
Cidinis history	1/8/		
Have you had any accidents, claims or losses in connection to any vessel(s) you owned in the last 5 years?			
no yes if yes, please provide details, inclusing dates and amounts paid:			
Remarks			
Remarks or questions:			
The strategic of the st			
		Signature:	