



CUESTIONARIO PARA **EMBARCACIONES**

BOAT APPLICATION QUESTIONNAIRE

If the vessel is owned by an individual or a Limited Company, please specify the name of the company and the beneficial owners. If the boat is owned by more than one person, each owner must fill out a separate form.

ASSURED'S NAME:

ASSURED'S DATE OF BIRTH:

ASSURED'S NATIONALITY::

FULL MAILING ADDRESS (including ZIP/Post Code where available).

Provide details of your years of experience and sailing skills in chronological order, with the name and length of vessels owned or operated. Include information regarding navigation courses taken that have been completed.

**Have you suffered any accident, claim or loss related to any vessel that you have navigated or owned or controlled?
(If yes please provide details including dates and amounts paid)**

PREFERRED BENEFICIARY (this must be completed if the vessel is insured in the name of a company or if the beneficial owner of the vessel is someone other than the Named Insured):

EFFECTIVE DATE FROM: (mm/dd/yy) TO: (mm/dd/yy) 0.01hrs LST

BOAT DETAILS

VESSEL NAME:

HULL ID:

ESLORA

MANUFACTURER/MODEL:

YEAR BUILT:

YEAR BUILT:

PURCHASE PRICE:

DATE OF PURCHASE:

PRESENT VALUE:

MAXIMUM SPEED:

VESSEL REGISTERED:

FLAG BOAT:

PLEASE CHECK THE CORRESPONDING BOXES

TYPE OF VESSEL

ASHORE OR AFLOAT

SAILBOAT

MOTOR YACHT

SPORTSFISHER CASA

HOUSEBOAT

CATAMARAN

OTHER (give details))

HULL MATERIAL:

PRIMARY POWER

Fuel Type:

FIBREGLASS

SAIL

Gasoline

WOOD

OUTBOARD

Diesel

KEVLAR

INBOARD

Others

CARBONFIBRE

FERROCEMENT

METAL

Home Port/MARINA: Please provide details of Marina name, city, country etc.:

Use:

(If the boat is rented, indicate how many weeks a year it is used in this way):

Private and Pleasure

Sport fishing rental

Rent without Captain

Tourist trips

Competitions or Regattas: (If yes, include value of masts, sails, etc.):

Yes

No

Is there any auxiliary boat that will be towed by the main boat during navigation?

Yes

No

(If yes, please specify details)

Required Navigation Limits

COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREÍ

Hull

Value/Limit

Deductible

TENDER/DINGHY (SMALL BOATS)

Value/Limit

Deductible

MEDICAL EXPENSES

Value/Limit

Deductible

PERSONAL PROPERTY

Value/Limit

Deductible

TRAILER

Value/Limit

Deductible

LIABILITY

Value/Limit

Deductible

CIVIL LIABILITY TO PAY TO

TRIPULANTES

Value/Limit

Deductible

RESPONSABILIDAD CIVIL COMERCIAL DE PASAJEROS

Value/Limit

Deductible

REMOLQUE SIN EMERGENCIA

Value/Limit

Deductible

OTHER

(PLEASE SPECIFY)

**LAST INSPECTION
(MONTH DAY YEAR)**

**Has a professional inspection of the boat
been carried out within the last three years?**

Yes

No

If yes, please provide the name of the inspector and a copy of the inspection report:

Is the boat under financing or mortgage?

If yes, please specify the loan amount and the name of the financial institution)

Si No

If yes, please provide the sales price of the boat.

Is the boat currently for sale?

Si No

GENERAL INFORMATION

PRIMARY MOORING LOCATION OF VESSEL

PLEASE SPECIFY WHETHER VESSEL WILL BE ASHORE/AFLOAT (MOORED)/OR ON A HOIST. IF YOU ARE UNABLE TO PROVIDE A ZIP/POST CODE, PLEASE ADVISE LONGITUDE & LATITUDE.

PLEASE ADVISE IF THIS VESSEL IS FITTED WITH MANUFACTURER RECOMMENDED FIRE PREVENTION/EXTINGUISHING EQUIPMENT (if no provide explanation)

PLEASE DETAIL ANY ANTI-THEFT PRECAUTIONS WHICH ARE IN PLACE

ALL WATERS TO BE NAVIGATED DURING THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY)

¿WILL THE VESSEL BE LAID UP (OUT OF USE) DURING THIS POLICY PERIOD – IF SO DETAIL EXACT DATES, LOCATION AND ADVISE WHETHER ASHORE OR AFLOAT.

IS THIS VESSEL USED FOR FARE PAYING PASSENGERS

Yes No

IF YES, NUMBER OF PASSENGERS PER TRIP MÁXIMO: PROMEDIO:

MAXIMUM:

AVERAGE:

IS THIS BOAT USED FOR WATER SKIING OR AS A DIVING BOAT?

Yes NO

IF YES, PLEASE PROVIDE MORE INFORMATION

IS THIS VESSEL USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?

Yes No

IF YES, PLEASE PROVIDE MORE INFORMATION

WILL THIS BOAT OPERATE AT NIGHT?

YesNo

IF YES, WHEN, WHERE AND HOW OFTEN?

DOES ANYONE RESIDE ON BOARD THE VESSEL?

Si No

IF YES, FOR HOW LONG DURING THE POLICY PERIOD?

**HAS ANY INSURANCE BEEN REJECTED, DENIED,
CANCELED OR NOT RENEWED IN THE PAST 5
YEARS?**

IF YES, PLEASE PROVIDE MORE INFORMATION

Si No

CREW DETAILS (if applicable)

Crew:

Permanent crew including the Captain:

Temporary crew::

United States Citizen Details:

Details of incidents by the Captain

(The captain's resume and license must be submitted to the insurer for approval.)

Has the captain had accidents or accidents on vessels that are under his control?

Si No

ALL OPERATORS MUST BE BREAKDOWN AS FOLLOWS:

FULL NAME

BIRTHDATE

**Have you been involved in an accident in the last 10 years (insured or uninsured)?
Please indicate the details and amounts paid.**

NAVIGATION EXPERIENCE

Have you ever been convicted of a criminal offense or pleaded no contest? If yes, please provide details



R e a s e g u r o

HURRICANE PLAN

Who besides the insured has the authority to move or prepare the vessel in the event of a hurricane or storm?

Do you have an emergency plan with any marina? Yes No

If yes please provide name and details of the marina as well as details of the procedures

How often do you or the person named above visit the vessel if it does not have a permanent crew?

grupo

If the insured vessel is a sailboat, will it be properly moored? Yes No

If negative, please inform: does it have a "Hurricane Pit" and will it be used during Hurricane season?

sema

If the boat is going to stay on land, are all the supports tied together? Yes No

Have all awnings, cushions and stabilizers been removed? Yes No

Reaseguro

If the boat is transporting to a hurricane shelter, what is the water transportation time, are there bridges open during hurricane season?

What kind of precautions have you taken to protect your boat in the event of a declared storm warning?

Do you have any backup plans in case the above plan is not feasible?

Have you ever had to prepare for a storm before?

Yes

No

If so, we would appreciate any advice or feedback you can provide.



R e a s e g u r o
