

APPLICATION FORM FOR YACHT CREW ACCIDENT INSURANCE

INSURED PERSON

Family Name:..... First Name:.....

Male Female Date of Birth:..... Height:.....cm Weight:.....kg

Nationality:..... Occupation:.....

eMail Address:..... Phone:.....

HOME (= POLICY) ADDRESS

Street and N° or name:

Post code and City:..... Country:.....

MAILING ADDRESS OR CORRESPONDENCE ADDRESS

C/O:.....

Street and N°:..... Building:.....

Post code and City:..... Country:.....

YACHT

Name:.....Type (M/Y or S/Y):..... Builder / Model length.....

eMail Address:..... Phone:.....

EMPLOYER'S NAME:.....

Street and N°:..... Building:.....

Post code and City:..... Country:.....

INSURED AREA: Worldwide

SUMS INSURED (PLEASE TICK)

In the event of death: € 50,000.00 and in the event of permanent incapacity: € 150,000.00
premium € 450 or as quoted individually

In the case of death: and in the case of permanent incapacity:

COMMENCING DATE OF THE INSURANCE:.....

IMPORTANT:

Cover will not be effective before the receipt of the premium payment, including all fees and taxes.

This policy does not cover any expense for medical treatment, hospitalisation, doctor etc. even if these costs are caused by an accident.

Place and date..... Full name in block capital.....

Signature of insured person.....

Signature of Policyholder (if not insured person).....