

## Marine Insurance

You must inform British Caymanian Insurance Company Limited (BritCay) of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

### SECTION 1 DETAILS OF APPLICANT

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Home/Mobile No. \_\_\_\_\_

Mortgagee/Lending Institution \_\_\_\_\_ Work No. \_\_\_\_\_

Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_ Requested Policy Currency  KYD  USD

1. Please state your experience with the vessel you intend to insure
2. Other experience
3. Who will be the main operator of the vessel
4. Will other persons operate the vessel
5. What accidents, losses or claims have you had in connection with any vessel in the last five years
6. Has BritCay or any other insurance company declined to insure you, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have or have held?

<input type="checkbox"/> No <input type="checkbox"/> Yes - Details:
<input type="checkbox"/> No <input type="checkbox"/> Yes - Details:

### SECTION 2 VESSEL

Name of Boat: \_\_\_\_\_ Registration No. \_\_\_\_\_

Hull Manufacturer and Model: \_\_\_\_\_ Year Built: \_\_\_\_\_

Hull Material: \_\_\_\_\_ Length Overall (feet): \_\_\_\_\_

Self Bailing Cockpit:.....  Yes  No Fire Extinguishers:.....  Yes  No Price Paid for Vessel: \_\_\_\_\_

Automatic Bilge Pumps:.....  Yes  No If Yes, how many pumps? \_\_\_\_\_ Gallons Per Hour? \_\_\_\_\_

Does the vessel currently have?

a. Bimini: .....  Yes  No Material: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

b. Dodger: .....  Yes  No Material: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

c. T-Top: .....  Yes  No Material: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

d. Storage Covers: .....  Yes  No Material: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

e. Cushions: .....  Yes  No Material: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

f. Life Jackets: .....  Yes  No Material: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

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- g. Depth Sounder: ..... Yes  No Manufacturer: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_
- h. Navigational Electronics:  Yes  No Manufacturer: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_
- i. Audio/Visual System: ..... Yes  No Manufacturer: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_
- j. VHF Radio: ..... Yes  No Manufacturer: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_
- k. Air Conditioning: ..... Yes  No Manufacturer: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_
- l. Cooking Facilities: ..... Yes  No Fuel Used: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

For **Sailing Vessels only**, please give a description of the sails, spars and rigging with date of installation.

Sail Inventory: \_\_\_\_\_  
\_\_\_\_\_

Standing Rigging: \_\_\_\_\_  
\_\_\_\_\_

Running Rigging: \_\_\_\_\_  
\_\_\_\_\_

### SECTION 3 POWER/ENGINE

1. Number of Engines: \_\_\_\_\_ Horsepower (each): \_\_\_\_\_ Type:  Inboard  Outboard  Inboard/Outboard
2. Engine Make and Model: \_\_\_\_\_ Year Manufactured: \_\_\_\_\_
3. For Outboard Motors - Serial Numbers: \_\_\_\_\_
4. Type of Fuel Used: \_\_\_\_\_ Tank Capacity (gallons): \_\_\_\_\_

### SECTION 4 MOORINGS

1. Location of the mooring: \_\_\_\_\_ Mooring Registration No.: \_\_\_\_\_  
Type of mooring:  Revolving  Walk on  
Mooring Certified By: \_\_\_\_\_ Date: \_\_\_\_\_
2. **Windstorm Coverage** is valid only when the Vessel is on an approved Revolving Storm Mooring or when Laid up. If the mooring is not an approved Revolving Storm Mooring, please state where the Vessel is to be moved in the event of a Windstorm?  Storm Mooring  To be hauled (Agent Use: Approved for Windstorm?  Yes  No)  
Location of Storm Mooring: \_\_\_\_\_ Storm Mooring Registration No.: \_\_\_\_\_  
Storm Mooring Certified By: \_\_\_\_\_ Date: \_\_\_\_\_
3. The **Laid Up Location** is the place on land where the boat is stored when out of the water for service or safe storage.  
Laid Up Location: \_\_\_\_\_ (Agent Use: Approved for Windstorm?  Yes  No)

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### SECTION 5 INSURANCE REQUESTED

<b>Vessel</b>	<b>Sum Insured</b>	<b>OFFICE USE (Premium)</b>
Hull	\$ _____	\$ _____
Engine (including outdrive if fitted)	\$ _____	\$ _____
<b>Additional Cover</b>	<b>Sum Insured</b>	
Dingy/punt	\$ _____	\$ _____
Trailer	\$ _____	\$ _____
Personal Effects (list and values to be attached)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Total Sum Insured</b>	\$ _____	\$ _____
Third Party Liability Limit:	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000	\$ _____
Please select if you require:		\$ _____
Liability Insurance for Water Skiers:	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Racing Risks (Sailing Vessels only):	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Transit Risks:	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

### SECTION 6 DECLARATION

I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. I/We agree that this Proposal Form shall form the basis of the contract between me/us and British Caymanian Insurance Company Limited ("CG BritCay") and I/we agree to accept CG BritCay's usual form of policy for insurances of this nature. If this Proposal has been written by anyone else, that person is my/our agent for that purpose and not the agent of CG BritCay. I/We hereby agree to immediately declare all subsequent accidents and/or losses. I/We understand that the Liability of the Insurers does not commence until the Proposal has been accepted by the Insurers. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

#### Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG BritCay may process any and all of the personal data provided.
- I consent to CG BritCay processing my personal data, in accordance with CG BritCay's Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG BritCay in respect of any third party, is done with that third party's consent and knowledge of BCG BritCay processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the Agent	Policy No.	Period of Insurance		Premium	Agent Name
		From:	To:	\$	

**British Caymanian Insurance Company Limited** BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands  
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