

Sail Master Plus Proposal Form

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

The liability of AXA Insurance (Gulf) B.S.C. (c) does not commence until the Proposal has been accepted and the Premium has been paid. AXA Insurance (Gulf) reserves the right to ask for special terms or decline the Proposal. Please refer to the Policy Handbook for full terms, conditions & exclusions. A specimen copy of this Policy is available on request.

1 PERSONAL DETAILS					
☐ Mr. ☐ Mrs.	□ Miss	First Name:			
Last Name:		Date of Birth: DD/MM/YYYY			
Nationality:		Marital Status:	☐ Single	☐ Married	
P.O.Box:		City:			
Country:		Mobile:			
Occupation:	E-mail:				
2 DETAILS OF BOAT					
Name: Type:					
Make:	Reg. Number:				
Year Built:	Hull Material:				
Is Vessel a Conversion?	Length:				
Make, Number & Type of Fire Ex	Details of Navigation Equipment:				
3 ENGINE					
Make:	Year of Make:				
Horsepower:	Maximum Speed (in knots):				
Engine Type:	Serial Number:				
If outboard(s) are they all secur			☐ Yes	□ No	
Note: if "NO" Then Dropping off Is the boat equipped with Yacht).		☐ Yes	□ No	
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4 SUM INSURED (PLEASE	STATE CURRENCY)				
Date of Purchase:	of Purchase: DD/MM/YYYY				
	Price Paid	Price Paid I		l Value	
Hull & Equipment					
Dinghy/Tender					
Out Board					
Personal Effects Including Cash					
Trailer					
Total:					

5 USE			
Cover required 12 months with effect from:	DD/MM/YYYY		
Cover Options: \square Comprehensive: (Includes Third Party Limit of	JS \$ 500,000)		
☐ Third Party Only: ☐ US \$ 250,000			
☐ US \$ 500,000			
☐ US \$ 1,000,000			
When not in use, is the Craft kept?		☐ Ashore	☐ Afloat
Where is the Craft kept when not in use?			
Is the Craft used solely for Private & Pleasure purposes?			□ No
Do you wish to insure liability upto US\$ 150,000 to/of water-skie	□ Yes	□ No	
Do you wish the policy to be extended to cover racing risks for mast If yes, please state total replacement values (State currency):	Yes	□No	
Do you require cover for personal accident (Vessels used for priva	ate & pleasure purposes only):	☐ Yes	□No
6 CLAIMS EXPERIENCE			
Details of losses over past 5 years:			
Have you ever had insurance for any vessel cancelled, declined of lf yes, please give reason:	r renewed at an increased premium?	Yes	□No
7 OPERATOR'S EXPERIENCE			
Number of years as Owner/User of this type of craft:			
Number of years as Owner/User of any other type of Craft (Please	e provide details):		
Sailing Qualification(s)? (If yes, please attach a scanned copy of the	e same)	□ Yes	□No
Will professional crew be employed? (If yes, please attach a scanned copy of CV and Qualification of the	Captain)	☐ Yes	□ No
8 DECLARATION			
I confirm that i have read the above proposal form and that to the becorrect and complete in every respect and I have not withheld any in to this proposal. I agree that this proposal shall form the basis of instances in the confirmation of the co	formation which might influence the decision of	of Underwrite	
Signature:			
Print Name:	Date: DD/MM/YYYY		

AXA Insurance (Gulf) B.S.C. (c)

UAE: 800 48 45 Bahrain: 800 010 60 Oman: 800 70 292 Qatar: 800 29 21 Website: www.axa-gulf.com

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its work. Agent: Kanoo Group (Insurance Agent) L.L.C

