THE INSURANCE COMPANY OF THE WEST INDIES LIMITED
13 Castle Street, Roseau, Dominica Tel: (767) 440-ICWI (4294)

YACHT AND MOTOR BOAT INSURANCE PROPOSAL FORM

THE PROPOSER

Name:	Date of Birth:
Address:	Phone:
Business or Profession:	
Business Address:	Phone:

DETAILS OF VESSEL

NAME OF VESSEL	TONNAGE (T.M.)	WHEN BUILT	BUILDER'S NAME	STATE IF AMATEUR

LENGTH OVER-ALL	LENGTH WATER LINE	BEAM	DRAFT	MATERIAL OF HULL	SAIL AREA	TYPE (TICK ONE)
						Sailing ☐ Runabout ☐ Cabin Cruiser ☐

Date Purchased _____ Price Paid $ _____

Present Value

Hull, machinery, equipment etc. $ _____

Dingy and/or boats (must be marked with name of vessel and home port) $ _____

Outboard motor $ _____

Personal effects (items valued over $1,000 US to be specifically declared) $ _____

Trailer (if required) $ _____

TOTAL TO BE INSURED $ _____

OTHER DETAILS

Make of Engine _____ Age _____

State if (tick one) Marine Engine ☐ Conversion ☐ Outboard ☐ Inboard/Outboard ☐

Designed maximum speed _____

Fuel used for main and auxiliary machinery _____

Is calor or other bottled gas used? _____

If so, state material of delivery tubing _____

State type and size of fire extinguishers kept on board _____

State location of extinguishers and how operated _____

OTHER DETAILS (Continued)

N.B. A MARINE SURVEY MAY BE REQUIRED IF THE VESSEL IS OVER 5 YEARS OLD

1. How long have you been accustomed to the handling of craft?

2. Will the vessel be used for private purposes only? If not, state fully the purposes for which it will be used.

3. What cruising range is to be covered?

4. What is the maximum number of persons that may be aboard at any one time?

5. Is a professional crew carried? If so, please give details.

6. a) Where is the vessel moored when in commission?

   b) Where will she be laid up?

7. Give details of any accidents and losses you have had during the past five years in connection with any vessel you have sailed or owned.

8. Have you had insurance for any vessel declined, cancelled, or renewed at an increased rate? If so, please give details.

9. State period for which the vessel is to be insured:

   a) In commission _____ Months from _____ To _____

   b) Laid up _____ Months from _____ To _____

10. a) Do you wish to cover mast, spars, sails and rigging whilst racing? If so, please give replacement value.

    b) Do you wish to cover outboard motor against dropping off and falling overboard? _____

    c) Do you wish to include Third Party Indemnity? Y/N If so, for what amount? _____

    d) Do you wish to include passenger liability? Y/N If so, for what amount? _____

    f) Do you wish to increase the excess applicable to your Policy? Y/N If so, to, by what amount? _____

I hereby declare that the above particulars and answers are correct and complete in every aspect and that I have not withheld any information which might influence the decision of the Underwriters in regard to the proposal, and I agree that this proposal and declaration shall form the basis of the contract of Insurance between me and the Company, if a policy is issued.

Date _____ Signature _____

Agent or Broker _____

	PREMIUM CALCULATION	
S.I./LIMIT	RATE/DISCOUNT %	PREMIUM
Hull, Mach. Equip. etc.		
Dropping of O/B Motor		
Racing Risks, Masts etc.		
Passenger Liability		
Liab. to water skiers		
Liab. of water skiers		
Voluntary excess		(To be deducted)
EXCESS APPLICABLE	**TOTAL PREMIUM**	

REMARKS:

REINSURANCE		
REINSURER	S/I %	PREM. AMOUNT

ENTERED BY: _____ **DATE:** _____

CHECKED BY: _____ **APPROVED BY:** _____