

# Customer Enquiry Form

Name:	
Company / Joint Owners:	
Address:	
Mobile:	Email:

Confirming I am happy to receive correspondence by email:  Yes  No

## Vessel Details

Type:	Tender:	\$
Model:	Trailer:	\$
Year Built:	Personal Effects:	\$
Name:	Vessel Value:	\$
Length:	Beam:	
Hull Material:	Mast Material:	
Sail Area:	Engine Type:	
<input type="radio"/> Marina <input type="radio"/> Mooring	HP/KW:	
Location:		

## Cruising Area

1.	2.
Flag/Registration:	

Are there any full time crew on board?  Yes  No

Do you transport your yacht:  Yes  No

Is your boat currently insured:  Yes  No

continue page 2



# Customer Enquiry Form

Club Racing:  Yes  No

Bareboat Charter:  Yes  No

Offshore Racing:  Yes  No

Skipper Charter:  Yes  No

## Claims History

Have you had any claims in the last 5 years?  Yes  No

Any knowledge of any claim on this boat?  Yes  No

If 'Yes' please outline the details of the claims:

Have you had an application for insurance reject or refused?  Yes  No

