

Yacht charter cancellation and abandonment insurance application form

Please answer all questions (if applicable) fully and tick all relevant boxes. The Policyholder must be residential in the EU, Norway or Iceland. This does not apply for the Insured Persons.

Policyholder

Name:

Address:

Telephone:

E-mail:

Date of birth:

Nationality:

Questions concerning the charter agreement and the Yacht

When was the charter agreement signed?

Date:

(DD/MM/YY)

Name and residence of the Charterer:

Name and type of the chartered yacht:

Charter Period

From:

(DD/MM/YY)

To:

(DD/MM/YY)

Place of Delivery:

Place of Re-Delivery:

Accommodation (hotel or similar) before/after the charter planned for any Insured Person:

Yes

No

Insured Persons

Please name all persons including the Charterer meant to take part in the cruising without whose attendance the charter might have to be cancelled (Insured Persons).

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Medical Declaration for the Insured Persons named above

Please note that the following global medical declaration will only apply up to a Sum Insured of € 150,000 and only to Insured Persons who are under 70 years old at the start of the journey who have no serious health problems to the best knowledge of the Applicant. For contracts with a Sum Insured exceeding € 150,000, or with Insured Persons who are over 69 years at the start of the journey or with Insured Persons having serious health problems, insurance cover depends upon receiving adequate Health Declarations from each Insured Person, and an additional premium or individual exclusions might apply for these persons.

- I herewith declare that to my best knowledge none of the Insured Persons named above received advice, medication or treatment for any serious, chronic or recurring illness, disease or injury in the last 12 months, or has a terminal prognosis, or has been referred for investigations of tests for any medical condition or undiagnosed symptom, or will travel against the advice of a doctor.

Extra Insurance Cover for additional persons (if applicable, such as business associates or others)

(Death or life threatening accident or life threatening illness of a family member of an Insured Person onshore is regarded as an insured peril automatically. For an extra premium, you can add another person who is not a family member). **Such family members or other persons must be under 70 years old otherwise a Health Declaration per person is required.**

- I herewith apply for additional Insurance Cover for the death or life threatening accident or life threatening illness of the following person named below. I declare that to my best knowledge this named person does not suffer from a life threatening illness and / or is not undergoing surgery until the end of the charter.

Name:

Date of birth:

Sum Insured

(If fee or costs are due in other currencies they will be converted in Euro at the current rate.) Total Charter Fee according to the charter contract (including taxes, additional provisioning allowance, delivery fees):

EUR

Transport costs (flights, airport transfer) for all Insured Persons:

EUR

Additional accommodation (hotel etc.) costs, if any:

EUR

Total Sum Insured applied for:

EUR

Total Premium due for your chosen scope of cover:

EUR

Policyholder's final statements and signature

I am aware that this declaration forms the basis for the conclusion of a yacht charter cancellation & abandonment insurance (insurance against non-appearance of persons). I have answered all questions and made all statements truthfully and completely in all conscience and in good faith. With my signature, the statements above become part of the insurance application. With the completion of the insurance contract, they also become part of the contract.

Place:

Date:

Signature:



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