



BRITCAY

You must inform British Caymanian Insurance Company Limited 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 THE POLICY OWNER

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: \_\_\_\_\_

- 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 British Caymanian Insurance 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 DETAILS OF THE VESSEL

Location of the mooring \_\_\_\_\_

Is the mooring  Walk on or  Revolving

Marine and Ports Mooring Registration No. \_\_\_\_\_

Price paid for the Vessel \_\_\_\_\_

Hull Particulars

Name of Boat \_\_\_\_\_

Manufacturer \_\_\_\_\_

Registration No. \_\_\_\_\_

Year \_\_\_\_\_

Length Overall \_\_\_\_\_

Self-bailing cockpit?  No  Yes \_\_\_\_\_

Boat fitted with automatic bilge pump(s)?  No  Yes If yes:

How many? \_\_\_\_\_ pump(s) at \_\_\_\_\_ Gallons per Hour each

Hull Material: \_\_\_\_\_

Fire extinguishers?  No  Yes \_\_\_\_\_

Engine(s) Particulars

Number of Engines \_\_\_\_\_

Horsepower (each) \_\_\_\_\_

Make \_\_\_\_\_

Year \_\_\_\_\_

Inboard or Outboard? \_\_\_\_\_

Serial number(s) \_\_\_\_\_

Fuel used \_\_\_\_\_

Capacity \_\_\_\_\_

### SECTION 3 INSURANCE REQUESTED

Vessel	Sum Insured	Premium (office use only)
Hull	\$ _____	\$ _____
Engine (incl. outdrive if fitted)	\$ _____	\$ _____
Additional Cover	Sum Insured	Premium (office use only)
Dingy/punt	\$ _____	\$ _____
Personal Effects (list and value to be attached)	\$ _____	\$ _____
Trailer	\$ _____	\$ _____
Liability Insurance for water skiers	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Total Sum Insured</b>	\$ _____	\$ _____

### SECTION 4 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 (BritCay) and I/we agree to accept 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 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.)

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



## BRITCAY

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