

Yacht and Pleasure Craft Insurance

Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does <u>not</u> commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/ information provided to us and policies/endorsements that are issued to you subsequently.

P.O.Box 839 Abu Dhabi - U.A.E. • Tel: +971(0) 2 4080100 • Fax: +971(0) 2 4080604 • www.adnic.ae • Toll free: 800 8040 • Email: info@adnic.ae

Public Shareholding Company established in 1972 with a paid up capital of AED (375)m, Registered at the Insurance Authority under No. (1) dated 22/07/1984 and subject to the provisions of the Federal Law No. (6) of 2007.



1. G	eneral information
a.	Proposer (Mr/Mrs/Miss):
b.	Address:
c.	Telephone Number
	Office: Home:
d.	Occupation:
e.	Nationality:
f.	Please state your experience (Including any marine qualifications as owner and/or crew and type of vessel involved and cruising areas):
	VAT Tax Registration Number (if applicable):
a.	Name of vessel:
b.	Serial number:
с.	Registration number:
	(Please attach copy of the registration)
d.	Type of vessel:
e.	Maximum passenger capacity:
f.	Name of builder:
g.	Year built: Class:
h.	Material of hull: Fiber glass Steel Wood
i.	Dimension: Length: Breadth: Draught:
j.	Purpose of use:
k.	Date of purchase and price paid:

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شـركــــة أبوظبــــي الوطنيــــة للتأميــــن ABU DHABI NATIONAL INSURANCE COMPANY

3. Engine details

	Main engine	Auxiliary engine
Type of engine	Outboard Inb	oard 🗌 Outboard 🗌 Inboard
Serial number		
Name of manufacturer		
Year built		
Horse power		
Maximum designed speed		
Fuel		

4. Insurance details

a. Value to be insured (Please indicate values to be insured against each items separately)	
i) Hull:	_
ii) Main engine(s):	_
iii) Auxiliary engine:	_
iv) Trailer:	_
v) Personal effects (Any single article valued at AED 500 or more to be specially declared):	_
vi) Total:	_
b. Do you require cover in respect of Third Party Liability:	
If Yes, please state limit required:	-

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ADNIC-COMU-04-PF11



شـركــــة أبوظبــــي الوطنيــــة للتأميــــن ABU DHABI NATIONAL INSURANCE COMPANY

4. Insurance details (continued)			
c. Do you require liability to/of water skiers	Yes	No No	
If Yes, please state limit required:			- 1
d. Do you wish to cover damage to sails, masts, and spars whilst racing	? Ses	No No	
If Yes, please state the replacement cost of these items:			

5. Vessel operational details

a. Please state cruising limits required: ____

b. Please state number, make, type, and location of fire extinguishers: _____

- c. Please state permanent place of mooring: _____
- d. Details/experience of permanent crew: _____

6. Insurance history

a. Have you previously insured any vessel?	Yes	□ No
If Yes, with whom:		
b. Has any insurer ever:		
i) Declined to insure you?	Yes	No
If Yes, please give details:		
ii) Canceled/refused to renew your insurance?	Yes	No
If Yes, please give details:		
iii) Required an increased premium or imposed special conditions?	Yes	No
If Yes, please give details:		

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5. In	5. Insurance history (continued)	
c.	Claims experience for the last 5 years:	
d.	What other insurances do you have with the company?	
e.	When was the vessel last surveyed?	
f.	Please state the present condition of the vessel:	
g.	Please specify the number of years as owner/user of this type of craft:	
h.	Please specify the number of years as owner/user of any other type of craft:	
i.	Are you a member of any yacht club? Yes No	
j.	Period of insurance required: From:To:	

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Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effected. If after the insurance policy is effected, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer:	
Title:	
Signature:	
Stamp:	
Date:	

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative

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