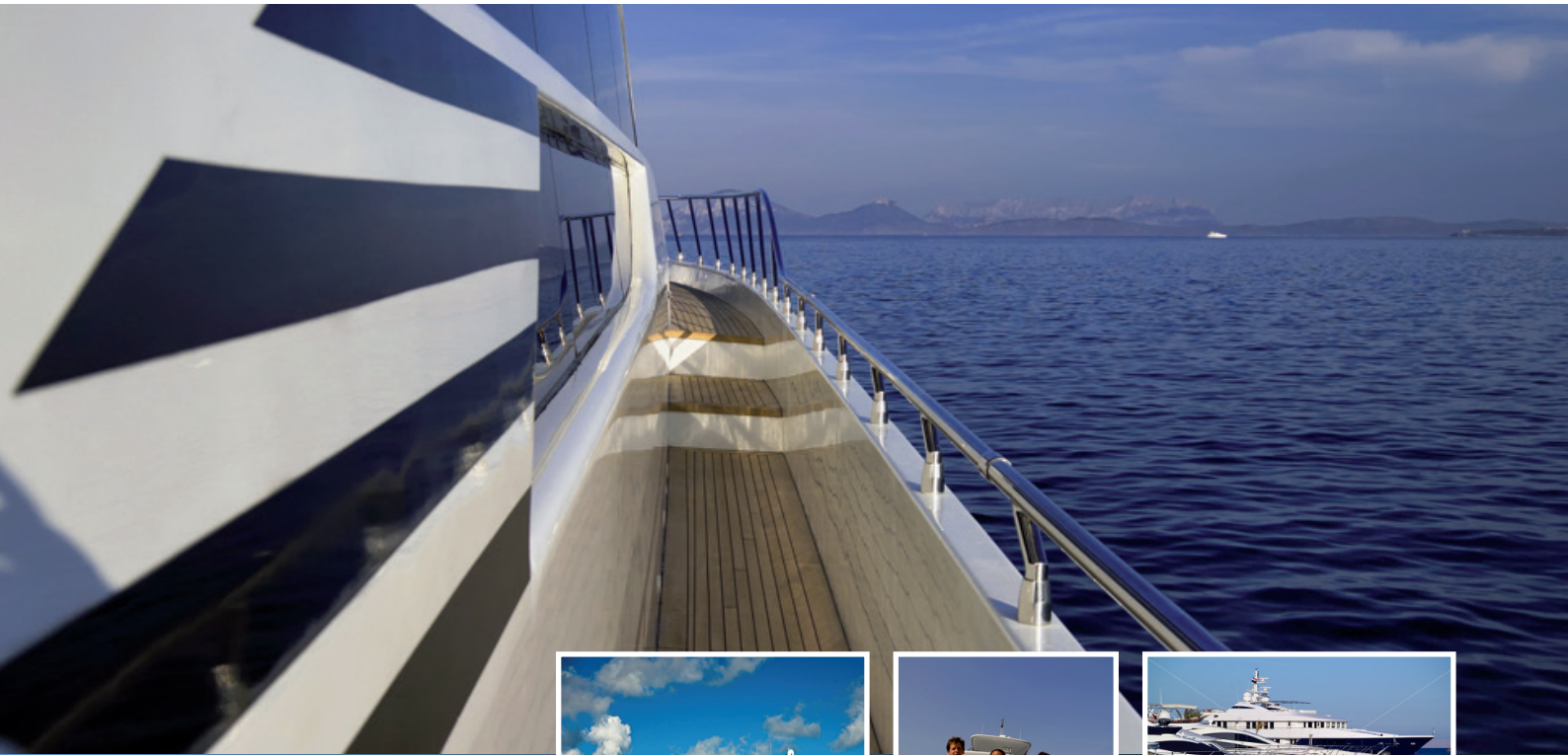


CREWSURE
Yachts



ESSENTIAL HEALTH, INJURY, DEATH IN SERVICE,
BAGGAGE & ABANDONMENT COVER FOR YOUR CREW



www.crewsure.com
CISYA51022110

Designed to meet your obligations under MLC 2006

► KEY FEATURES

- Medical expenses and repatriation including crew replacement
- Accidents causing permanent disability and loss of salary.
- Death in Service from any cause
- Optional cover for guests &/or day workers
- Abandonment cover including repatriation and unpaid wages
- Personal Effects
- Crisis/Political protection

► ABOUT THE COVER

The Crewsure Yacht cover insures the crew for you, the yacht owner and manager. Designed to cover the crew for medical expenses, personal accident, death in service, loss of salary, lost or delayed baggage and the costs of repatriation and unpaid wages following abandonment.

The administration system is designed specifically for Crewsure so that at any time we will know which of your permanent or contracted yacht crew are on risk and you will therefore only pay for the actual time crew are employed by you.

► ABOUT CREWSURE

Crewsure has created a bespoke all encompassing policy for your seafarers which is designed to meet their needs and the requirements of the modern shipping industry.

Crewsure has worked with market practitioners with long experience of the industry. This cover has been created following extensive consultation with many and various maritime interests involved with the employment of seafarers. Crewsure has liaised with Government departments, Unions, Shipowners, Ship Managers, Manning Agents and the Insurance Industry.

Crewsure is working with Compass Underwriting, a specialist accident and health underwriting agency who provide administration and IT support. Compass is authorised and regulated by the UK's Financial Conduct Authority and is a Member of the Association of Managing General Agents and the British Insurance Brokers Association.

► CLAIMS

Claims will be handled directly by underwriters or by specialists acting on their behalf. They will work with you to provide 24 hour multi-lingual telephone assistance, coordinate and liaise with patients, their families, doctors, nurses and specialists across the world no matter what the time or language.

► COMPLETING THIS PROPOSAL FORM

- To apply for Crewsure Yacht cover, complete this Proposal Form in BLOCK CAPITALS using a ball point pen (blue or black ink).
- Insurance cover does not begin until we have confirmed that your application has been successful and we have written to you with the agreed start date.
- You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.
- You should keep a record of all information supplied to Crewsure including copies of any correspondence.
- A copy of the Proposal Form can be supplied on request.
- A copy of the Policy is available on request.

A GENERAL

1. Insured's Company Name:

2. Address

3. Phone (Work):

(Home):

(Fax):

(Mobile):

(Email):

4. Beneficial Owner (If not the Insured):

B DETAILS OF YACHT

5. Name of Vessel:

6. Type/Model:

7. Date of Purchase:

8. Mooring location:

9. Builders:

10. Year of Build:

11. Port of Registry:

12. Flag:

13. Class:

14. Hull Identification Number:

15. Is the Yacht MCA Certified? Yes: No: N/A:

16. Length:

Beam:

Draft:

GRT:

C USE OF VESSEL

17. Details of Use Private and Pleasure only Skipper Charter Use Bareboat Charter Use

(If Skipper or Bareboat Charter use is required please specify number of weeks used per year.)

D | CREW NUMBERS TO BE INSURED

FULL-TIME persons to be insured, split into categories	Number of employees at start date	Normal period of employment contract	Total Salaries/Wage (US\$ pa)	
			Last Year	Current Year
Senior officers				
Junior officers				
Crew				

CONTRACT crew to be insured, split into categories	Number of employees at start date	Normal period of employment contract	Total Salaries/Wage (US\$ pa)	
			Last Year	Current Year
Senior officers (including supernumeries)				
Junior officers (including supernumeries)				
Crew (including supernumeries)				

18. Do you require the following **guest** welfare coverage

Personal Accident Yes No How many guests, (on average) per year. No. _____

Emergency Medical Expenses Yes No

19. How many short-term day workers (i.e. waitresses, chefs) do you employ on average per year who are not included in the above categories? (State "Nil" if you do not require the Personal accident & Medical Expenses extension of cover to be included in this insurance).
 No _____ Duration _____ days per year

E | GEOGRAPHICAL BREAKDOWN

20. Required cruising range:

European and Mediterranean Waters not East of Degrees East Yes No

Mediterranean waters not East of Degrees East Yes No

East and Gulf Coast US, Maine to Pensacola, Bahamas Yes No

Caribbean, excluding Cuba, Colombia & Haiti Yes No

Far Eastern Yes No

Worldwide Yes No

West Coast USA, Mexico and Canada Yes No

Other (If Yes please specify) Yes No

F | LIMITS

Please state below what limits you require*:	P.A. (up to max USD500,000)	Life (up to a max USD500,000)	Medical (up to max USD500,000)	Medical Excess USD100 / USD300 / USD500 (Same level of excess applied to both Officers and Crew)
Senior Officers				
Junior Officers				
Crew				

(* Higher limits may be available)

G | MEDICAL & PA CLAIMS RECORD

► Please provide particulars of all accidents, sickness or death (split between Natural Causes or accidents) which occurred during the past 3 years, which gave rise to a claim, if the space is insufficient please produce an electronic report which includes the data headers as set out below. (Formats should be Excel 97 2003 or earlier, .csv or .txt formatted files).

Date	Name	Nature of Injury or Sickness	Period of Disablement (If available)	Amount Paid

H | FINANCIAL INFORMATION FOR ABANDONMENT COVER

21. What is the current value of your Yacht(s) US\$ _____

22. In Commission months: _____

Lay up period: _____

23. Do you have any mortgage(s) or loans on your yacht(s)? Yes No

23a. Do you want their interest noted? Yes No

23b. If 'Yes' please provide further details

24. Have you or any of your subsidiary companies had a circumstance arise that caused the crew to be 'abandoned'. Yes No

If 'Yes' please provide further information including the number of crew and their location and a statement on what measures have been taken to prevent this in the future. _____

I | DECLARATION & SIGNATURE

Please sign this declaration once you have read it. If you are unsure as to whether any information should be given, you should provide it.

I /We declare that:

I/We will inform the insurer of any changes that occur before this insurance commences. I/We understand that failure to do so may result in this insurance being declared void and that a claim for the benefits may not be paid.

To the best of my knowledge and belief, all the statements made, which includes anything I/we have said, have been recorded accurately in this application, or are as attached and are true and complete. This disclosure will form the basis of the contract.

I/We understand that this contract will renew at the end of each 12-month period subject to the terms and conditions of this insurance. I/We understand that I must provide, in advance, a monthly list of all crew coming on or off our vessels or a statement confirming No Changes.

I/We agree that a copy of the agreement given in this declaration will have the validity of the original.

Data Protection Act 1998

As this contract is governed by the laws of England and Wales we are required to set up and administer your policy under the Data Protection Act. Therefore the Insurers (acting as the Data Controller) and the scheme administrator, Compass Underwriting Limited (as the Data Processor), will hold and use information about the insured person supplied by you and by medical providers, if applicable. Information may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing compliance with any regulatory rules/codes and crime prevention and sanctions monitoring. Information may be transferred to other countries including those outside the European Economic Area.

To assess the terms of the policy or handle claims which arise, it may be necessary to collect data which the Data Protection Act defines as sensitive (such as medical history, criminal convictions or employment records). Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain explicit consent from the insured person before this sensitive information is processed. Without this consent it will not be possible to offer this insurance or pay any claim. By signing this Declaration, you hereby confirm your consent on behalf of your employees, the insured persons, to such use of their personal data.

Important Notes:

This policy will be governed by the laws of England and Wales unless you and we have agreed otherwise.

You are reminded that you must inform us within 30 days if the cruising range of your yacht changes as compared to the information you gave us in Section E, sails into more hazardous areas not previously disclosed or if you, or the individual registered owners of the yacht, cease to trade or begin winding up procedures at any time during the period of this insurance.

To sign this form you must be the owner, an officer or director of the company.

Signature &/or Company Stamp

Name

Position

Date

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IMPORTANT NOTES

You are entitled to ask for a copy of the terms and conditions of your insurance at any time and can request a copy of your proposal form.

The policy will be governed by the laws of England and Wales unless you and we have agreed otherwise.

WHAT TO DO NOW

▶ **Once you have completed this document please ensure that you have signed the declaration in Section I.**

▶ **Please then send back to us:**

Crewsure Insurance Services Limited
50 Mark Lane
London
EC3R 7QR

or by email to info@crewsure.com

Telephone number +44 (0)20 7264 1377

CREWSURE

