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ASSURED'S N	AME:		ASSURED'S E	DATE OF BIRTH:	ASSURED'S NATION	NALITY:	ASSURED'S STATE OF RESI	DENCE:	
FULL MAILIN	G ADDRESS (includ	ing ZIP/Post Code where av	ailable). IF COM	APANY PROVIDE REG	ISTERED ADDRESS				
-	(5	· · · · , · · · ·						
BENEEICIAL	WNFR (this should	d be completed if vessel is ir	nsured in a com	nany name or if the	heneficial owner of	the vessel i	is someone other than the	Named	
Assured):								lunicu	
EFFECTIVE DA	ATE FROM: (mm/	/dd/yy)	TO:	(mm/dd/yy)			0.01hrs LST		
VESSEL NAM	E:	н	ULL ID:				LENGTH OVERALL:		
MANUFACTU	RER/MODEL:	YE	AR BUILT:			MODEL YEAR:			
PURCHASE PI	RICE:	D	ATE OF PURCHA	ASE:		PRESENT VALUE:			
MAXIMUM SI	PEED:	VE	ESSEL REGISTER	ED:		VESSEL FLAG:			
		COVERAGES V	VILL NOT BE PR	OVIDED UNLESS REQ	UESTED HEREUNDER				
		CO	VERAGES				LIMIT (US Dollar)		
HULL PHYSIC	AL DAMAGE								
TENDER/DIN	GHY								
MEDICAL PAY	/MENTS (maximun	n (\$50,000)							
PERSONAL P	ROPERTY								
TRAILER									
BREACH OF V	VARRANTY (APPLIC	ABLE LOSS PAYEE MUST BE	DETAILED ON P	AGE 4)					
THIRD PARTY	LIABILITY								
LIABILITY TO	PAID CREW								
COMMERCIA	L PASSENGER LIAB	ILITY							
UNINSURED	BOATERS (minimu	m \$100,000)							
NON-EMERGENCY TOWING									
OTHER (pleas	se specify)								
PLEASE TICK	THE APPROPRIATE	BOXES							
PRIMARY PO	WER	SAIL					SAILBOAT		
OUTBOARD INBOARD				VESSEL			NOTOR YACHT PORTSFISHER		
HULL MATER	IAL:	FIBREGLASS					IOUSEBOAT		
		WOOD					ATAMARAN		
		KEVLAR				0	OTHER (give details)		
CARBONFIBRE				LAST SU	LAST SURVEYED (mm/dd/yy)		ASHORE OR AFLOAT		
FERROCEMENT									
		METAL			AU C				
HP MANUFACTURER		VESSEL ENGINE/OUTBOARD DETAILS FUEL YEAR		SEI	SERIAL NO#				
#1					1	521			
#2									
					<u> </u>				
#1	DATE PI	JRCHASED		PURCHASE PRIC	E		PRESENT VALUE		
#2									
<i>"-</i>									

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MANUFACTURE	`D \			HY INFORMATION										
	R	YEAR		HULL ID/SERIAL NUMBER		LENGTH								
	L													
		TENDER/D	INGHY ENG	SINE/OUTBOARD DETAILS										
MAN	IUFACTURER			HP		SERIAL NUMBER								
		- T		NFORMATION										
MANUFACTURER	YEAR BUILT		DATE	PURCHASE PRICE	PRES	SERIAL NUMBER								
		PUR	CHASED		ENT									
					VALU									
					E									
				AVAILABLE) BETWEEN JULY 1 ST – NOV 1 ST										
PLEASE SPECIFY WHETHER LONGITUDE & LATITUDE.	VESSEL WILL BE ASHORE/AFLOA	AT (MOORE	D)/OR ON /	A HOIST. IF YOU ARE UNABLE TO PROVID	E A ZIP/POST CO	DE, PLEASE ADVISE								
PLEASE ADVISE IF THIS VESSEL IS FITTED WITH MANUFACTURER RECOMMENDED FIRE PREVENTION/EXTINGUISHING EQUIPMENT (if no provide explanation) : YES NO														
			5	NO										
FASE DETAIL ANY ANTI-	THEFT PRECAUTIONS WHICH ARE	F IN PLACE												
ALL WATERS TO BE NAVIG	ATED DURING THIS POLICY PERIO	OD (YOU M	ΙΑΥ ΑΤΤΑCΗ	H AN ITINERARY)										
WILL THE VESSEL BE LAID														
	UP (OUT OF USE) DURING THIS P	OLICY PER	IOD – IF SO	DETAIL EXACT DATES, LOCATION AND A	DVISE WHETHER A	ASHORE OR AFLOAT.								
	UP (OUT OF USE) DURING THIS P	OLICY PER	IOD – IF SO	DETAIL EXACT DATES, LOCATION AND A	DVISE WHETHER /	ASHORE OR AFLOAT.								
	UP (OUT OF USE) DURING THIS P	OLICY PER	IOD – IF SO	DETAIL EXACT DATES, LOCATION AND A	DVISE WHETHER A	ASHORE OR AFLOAT.								
	UP (OUT OF USE) DURING THIS P	OLICY PER	IOD – IF SO	DETAIL EXACT DATES, LOCATION AND A	DVISE WHETHER A	ASHORE OR AFLOAT.								
	UP (OUT OF USE) DURING THIS P	OLICY PER	IOD – IF SO	DETAIL EXACT DATES, LOCATION AND A	DVISE WHETHER A	ASHORE OR AFLOAT.								
	UP (OUT OF USE) DURING THIS P	OLICY PER	IOD – IF SO	DETAIL EXACT DATES, LOCATION AND A	DVISE WHETHER A	ASHORE OR AFLOAT.								
	UP (OUT OF USE) DURING THIS P	OLICY PER	IOD – IF SO	DETAIL EXACT DATES, LOCATION AND A	DVISE WHETHER A	ASHORE OR AFLOAT.								
#	UP (OUT OF USE) DURING THIS P	OLICY PER			DVISE WHETHER A	ASHORE OR AFLOAT.								
			GENER	AL INFORMATION										
1 IS THIS VESSEL USE		OLICY PER		AL INFORMATION IF YES, NUMBER OF	PASSENGERS PEI	R TRIP								
			GENER	AL INFORMATION		R TRIP								
1 IS THIS VESSEL USE			GENER	AL INFORMATION IF YES, NUMBER OF	PASSENGERS PEI	R TRIP								
1 IS THIS VESSEL USED			GENER	AL INFORMATION IF YES, NUMBER OF MAXIMUM:	PASSENGERS PE	R TRIP								
1 IS THIS VESSEL USE			GENER	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF	PASSENGERS PEI AVERAGI TRIPS PER YEAR	R TRIP E:								
1 IS THIS VESSEL USE			GENER	AL INFORMATION IF YES, NUMBER OF MAXIMUM:	PASSENGERS PE	R TRIP E:								
1 IS THIS VESSEL USE			GENER	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF	PASSENGERS PEI AVERAGI TRIPS PER YEAR	R TRIP E:								
1 IS THIS VESSEL USED PASSENGERS?	D FOR FARE PAYING	YES	GENER/ NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM:	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI	R TRIP E: E:								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA			GENER	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI	R TRIP E: E:								
1 IS THIS VESSEL USED PASSENGERS?	D FOR FARE PAYING	YES	GENER/ NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM:	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI	R TRIP E: E:								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN?	D FOR FARE PAYING RTERED TO OTHERS WITH A	YES	GENER NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN	R TRIP E: E:								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN?	D FOR FARE PAYING	YES	GENER/ NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI	R TRIP E: E:								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN?	D FOR FARE PAYING RTERED TO OTHERS WITH A	YES	GENER NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN	R TRIP E: E:								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN? 3 DOES THIS APPLICA	D FOR FARE PAYING RTERED TO OTHERS WITH A INT EMPLOY PAID CREW	YES YES YES	GENER/ NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C IF YES, F	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN	R TRIP E: E: MENTARY SHEET								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN? 3 DOES THIS APPLICA 4 IS THIS VESSEL CHA	D FOR FARE PAYING RTERED TO OTHERS WITH A INT EMPLOY PAID CREW RTERED TO OTHERS WITHOUT	YES	GENER NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN	R TRIP E: E: MENTARY SHEET								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN? 3 DOES THIS APPLICA	D FOR FARE PAYING RTERED TO OTHERS WITH A INT EMPLOY PAID CREW RTERED TO OTHERS WITHOUT	YES YES YES	GENER/ NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C IF YES, F	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN	R TRIP E: E: MENTARY SHEET								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN? 3 DOES THIS APPLICA 4 IS THIS VESSEL CHA A CAPTAIN (BAREBO)	D FOR FARE PAYING RTERED TO OTHERS WITH A INT EMPLOY PAID CREW RTERED TO OTHERS WITHOUT DAT)?	YES YES YES	GENER NO NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C IF YES, COMPLETE BAREBOAT	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN IOW MANY? CHARTER SUPPLE	R TRIP E: E: MENTARY SHEET								
1 IS THIS VESSEL USED PASSENGERS? 2 IS THIS VESSEL CHAICAPTAIN? 3 DOES THIS APPLICA 4 IS THIS VESSEL CHAICAPTAIN (BAREBO) 5 IS THIS VESSEL USED	D FOR FARE PAYING RTERED TO OTHERS WITH A INT EMPLOY PAID CREW RTERED TO OTHERS WITHOUT DAT)?	YES YES YES	GENER/ NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C IF YES, COMPLETE BAREBOAT	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN	R TRIP E: E: MENTARY SHEET								
 PASSENGERS? 2 IS THIS VESSEL CHA CAPTAIN? 3 DOES THIS APPLICA 4 IS THIS VESSEL CHA A CAPTAIN (BAREBO) 	D FOR FARE PAYING RTERED TO OTHERS WITH A INT EMPLOY PAID CREW RTERED TO OTHERS WITHOUT DAT)?	YES YES YES	GENER NO NO NO	AL INFORMATION IF YES, NUMBER OF MAXIMUM: IF YES, COMPLETE CAPTAIN C IF YES, COMPLETE BAREBOAT	PASSENGERS PEI AVERAGI TRIPS PER YEAR AVERAGI HARTER SUPPLEN IOW MANY? CHARTER SUPPLE	R TRIP E: E: MENTARY SHEET								

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#	# GENERAL INFORMATION CONTINUED								
6	IS THIS VESSEL USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?		YES	NO		IF YES, PROVIDE DETAILS			
7	WILL THIS VESSEL BE OPEATED SINGLE HANDEDLY AT NIGHT?		YES	NO		IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?			
8	DOES ANYONE RESIDE ABOARD THE VESSEL		YES	NO		IF YES, FOR HOW LONG DURING THE POLICY PERIOD?			
9	9 WILL THIS VESSEL PARTICIPATE IN ANY RACES/REGATTAS/RALLYS/SPEED TRIALS DURING THIS POLICY PERIOD?		YES	NO		IF YES, COMPLETE RACING SUPPLEMENTARY SHEET			
10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?		YES	NO		IF YES, PROVIDE DETAILS			
11	11 HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)			NO		IF YES, PROVIDE DETAILS			
12 HAVE YOU OR ANY NAMED OPERATED BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?			YES	NO	IF YES, PROVIDE DETAILS				
				O OPERATO (mm/dd/yy)		QUEST ADDITIONAL OPERATOR SHEETS			
No. 1	Full Name	Name Date)	Violations/Suspensions (including Auto) in the last 5 years			
	Yea		rs of Boat	Ownership)	Years of Boating Experience			
			Boating Qualifications (for example USCG 100Ton)						
				Boating Quanications (for example OSCG footon)					
			Lengths and Manufacturers of Vessels previously owned or operated						
	Have you been		n involved in a Loss in the last 10 years (insured or not)? If YES, pleas			ears (insured or not)? If YES, please give details and amounts paid:			
	Have yo		ou ever been convicted of a criminal offence or pleaded no contest?			al offence or pleaded no contest? If YES, please give details			
2	Full Name Date of E		Birth (mm/dd/yy)			Violations/Suspensions (including Auto) in the last 5 years			
	Years of		Boat Ownership			Years of Boating Experience			
			Boating Qualifications (for example USCG 100Ton)						
	Lengths and Manufacturers of Vessels previously owned or operate				rs of Vessels previously owned or operated				
						ears (insured or not)? If YES, please give details and amounts paid:			
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:							
	Have yo			u ever been convicted of a criminal offence or pleaded no contest? If YES, please give details					

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY

LOSS PAYEE(S) (PLEASE PROVIDE NAME AND FULL MAILING ADDRESS):

ADDITIONAL ASSURED'S REQUIRED - (PLEASE PROVIDE NAME, FULL MAILING ADDRESS AND REASON FOR REQUEST)

PLEASE READ BEFORE SIGNING APPLICATION

- This application will be incorporated in its entirety into any relevant policy of insurance where 1. insurers have relied upon the information contained therein.
- Any misrepresentation in this application for insurance may render insurance coverage null and 2. void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
- Fraud Statement please see page 5 of this application form & initial the paragraph relevant to 3. you to indicate that you have read and understood this.

ASSURED SIGNATURE:	PRINT NAME AND STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED ASSURED/BENEFICIAL OWNER	SIGNATURE DATE:							
PRODUCING BROKER									
BROKER USE ONLY:									
PLEASE PROVIDE SURPLUS LINES TAX FILING INFORMATION OR ADVISE IF NOT APPLICABLE (LICENSE NUMBER WILL SUFFICE):									

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony*

*In Florida – Third Degree Felonv

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to the criminal prosecution and civil penalties

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

CSR/APP/2