

Application Boat insurance

Broker details

Name

Number

Broker reference

Applicant details

Name

Gender M F

Private address

Postcode/Place

Date of birth

Bank account number (IBAN)

E-mail address

If the policy must be issued in the name of a business

Please also complete above the details of the representative.

Name business/institution

Address

Postcode/Place

Listed at the Chamber of Commerce (Ch. of Comm.) Yes, under number No

Telephone

E-mail address

Nature of the business

Bank account number (IBAN)

Boat to be insured

Details of boat	Name	<input type="text"/>
Category	<input type="radio"/> Open sailing boat <input type="radio"/> Rowing boat/canoe <input type="radio"/> Cabin sailing boat <input type="radio"/> Dinghy/sloop <input type="radio"/> Open motor boat <input type="radio"/> Catamaran <input type="radio"/> Cabin motor boat <input type="radio"/> Rubber dinghy <input type="radio"/> Other, namely <input type="text"/>	
Manufacturer ('make') and type		<input type="text"/>
Year of make		<input type="text"/>
CIN		<input type="text"/>
Registration number		<input type="text"/>

Dimensions

Length meters

Width meters

Type of material of ship's hull

Steel
 Polyester
 Aluminium
 Wood
 Other, namely

Is the boat motor driven Yes No

If so, what type of motor
Please also complete the details required below.

Outboard motor
 Built-in motor

Fast sailing (faster than 20 km per hour) Yes No

Details of propulsion device

	Motor 1	Motor 2
Make and Type	<input type="text"/>	<input type="text"/>
Serial number	<input type="text"/>	<input type="text"/>
Year of make	<input type="text"/>	<input type="text"/>
Capacity (in kilowatt or in HP)	<input type="text"/> kW <input type="text"/> HP	<input type="text"/> kW <input type="text"/> HP
Fuel	<input type="radio"/> Petrol <input type="radio"/> Diesel <input type="radio"/> Gas <input type="radio"/> Electric driven <input type="radio"/> Other, namely <input type="text"/>	<input type="radio"/> Petrol <input type="radio"/> Diesel <input type="radio"/> Gas <input type="radio"/> Electric driven <input type="radio"/> Other, namely <input type="text"/>
Is your boat registered?	<input type="radio"/> Yes <input type="radio"/> No	
If so, in which country?	<input type="text"/>	

Cover/sum(s) insured/sailing area

Cover required/excess

Liability
 Limited hull (including liability)

- With € 0,- excess
- With € 250,- excess
- with € 500,- excess

 Full hull (including liability)

- With € 0,- excess
- With € 250,- excess
- With € 500,- excess

 Accidents persons on board

- € 10.000,- on death/€ 25.000,- permanent invalidity
- € 15.000,- on death/€ 50.000,- permanent invalidity
- € 25.000,- on death/€ 75.000,- permanent invalidity

 Legal assistance

Total value to be insured (current value of the boat including propulsion device, any tender and extra equipment)

€

Required sailing area (area of cover)

The Netherlands
 Europe + 20 miles coast cover
 The Mediterranean
 Sea cover (large block)

Do you want to include a boat trailer in the cover Yes No

If so, at what amount

€

Specification boat trailer

Make

Chassis number

Year of make

Other matters

Who is the owner of the boat

- Applicant
 Another than the applicant, namely

Name

Address

Postcode/home address

Date of birth

Listed at the Ch. of Comm (if in the name of a business)

If another person than the applicant, please also explain what interest the applicant has in the boat

What is the boat used for

- For personal leisure use
 Letting/chartering
 (Also) competitive sailing
 Other, namely

With regard to the mooring place please state

- the place name and mooring location in the sailing season
- the location of the 'winter storage'

Do or did you have a boat insurance?

- Yes No

If so, please state with which company and under which policy number

Company

Policy number

Insured until

No-claims bonus / Claim-free years statement

The undersigned states that he has sailed claim-free since the date set out below and authorises Nationale-Nederlanden to ascertain this, if necessary, at (any) previous insurer(s).

How much is your no-claims bonus? _____ %

I have been sailing claim-free since _____

If the insurance is taken out in the name of a business

Which person is the 'regular' user of the boat

Name

Address

Postcode/home address

Date of birth

What is his/her relationship to the applicant

The questions asked below, including the final question and final statement, must be answered.

Other contract details

Required commencement date

Premium payment

- Annually
 Every six months
 Quarterly
 Monthly

Would you like premium payment via direct debit

- Yes* No

* In the event of premium payments monthly, quarterly or six monthly, payment will only be possible via direct debit.

Authorization

- By ticking this box you indicate that your signature also relates to an authorization for direct debit. In that case also indicate from which bank account we can collect the premium (IBAN).

Bank account number (IBAN)

Mandatory to be completed in the event of monthly, quarterly and six-monthly payments.

Particulars

Did you have any claims in connection with your boat in the last three years? For instance a claim for theft or damage to the boat

- Yes No

If so, please state with regard to each claim the amount of the damage and a description of the damage.

Has any insurer ever:

- cancelled your insurance
- refused an insurance
- imposed special conditions

- Yes No
 Yes No
 Yes No

If so, please state: when, why and the kind of insurance.

General final question

See also the subject of the legal disclosure obligation.

Criminal past

Have you or anybody else who has an interest in the insurance been in contact with the police or justice system in the past 8 years?

- Yes No

If so, please explain what offence was involved and whether a fine or other (punitive) measure was imposed. If you like, this information can also be sent confidentially to the Board.

Explanation of the question about a criminal past

You only have to answer this question by Yes if you or one of the other interested parties has been in contact with the police or justice system as a suspect or as the result of a (punitive) measure being imposed, in connection with:

- an offence - or attempted offence - such as theft, embezzlement, fraud, swindle, forgery, vandalism, damage, abuse, extortion or blackmail;
- an offence - or attempted offence - directed against personal freedom or against life;
- violation of the Dutch Weapons and Ammunition Act (Wet wapens en munitie), the Dutch Opium Act (Opiumwet) or the Dutch Economic Offences Act (Wet economische delicten).

Important information

Legal disclosure obligation

You are obliged to answer the questions asked in this application form as fully as possible. This also applies to facts and circumstances relating to a third party whose interests are added to the policy. In addition, in answering these questions not only your own knowledge is determinant but also that of the other interested parties in this insurance.

Are you (also) applying for this insurance for a partnership, a general partnership or a legal entity? In that case the questions asked under 'Particulars' and under 'General final question' also apply to:

- the partners of the partnership
- the (limited) partners of the general or limited partnership (Vennootschap onder Firma: 'VOF')
- the director(s)/managing directors of the legal entity under the articles of association
- the shareholder(s) with an interest of at least 33% and - if the shareholder(s) is/are a legal entity their director(s)/managing directors under the articles of association and
- shareholder(s) with an interest of at least 33%.

You must answer any questions as fully as possible even if you think that the answer is already known to Nationale-Nederlanden.

If you have not or not fully fulfilled your disclosure obligation, this may lead to the right to payment being restricted or even lapsing or that the insurance is cancelled.

If you intentionally give inaccurate information, we can also report this to the police and/or include your details in the internal and external warning systems used by insurers.

Conditions

The Boat insurance is governed by policy conditions. You can find these conditions at www.nn.nl/boat-insurance-conditions. You can for instance read in the conditions which arrangements apply to this insurance and how you can submit a complaint if you are not satisfied with our services.

Suspensive conditions

In certain cases, we may not be allowed to enter into an insurance contract with you. This may be due to certain Dutch and international (sanction) rules. An insurance contract will not be formed if you or another person involved appear on a Dutch or international sanctions list. We run a check of the relevant names against such lists afterwards, and, therefore, a suspensive condition applies.

We will run this check as soon as possible. If you or another person involved do not appear on a sanctions list, the contract will be valid as of the commencement date specified on the policy sheet. If someone's name does appear on a sanctions list, we will let the person applying for the insurance coverage know in writing, within at least 10 days of us sending the policy.

The suspensive condition is as follows:

The contract will only be formed when the check does not show that it is prohibited under sanction law or regulations to provide financial services for or for the benefit of: policyholder; insured parties, co-insured parties, and other natural or legal persons who could benefit from the contract; representatives and authorised agents of the policyholder's company; ultimate beneficial owners at the policyholder's company.

