|  |  |
| --- | --- |
| YACHT ENTRY FORM | [Insert date] |

|  |  |  |  |
| --- | --- | --- | --- |
| ASSURED INFORMATION | | | |
| **ASSURED** | Click here to enter text. | **REGISTERED**  **OWNER** | Click here to enter text. |
| Address | Click here to enter text. | Address | Click here to enter text. |
| Post Code | Click here to enter text. | Post Code | Click here to enter text. |
| City | Click here to enter text. | City | Click here to enter text. |
| Country | Click here to enter text. | Country | Click here to enter text. |
| Phone | Click here to enter text. | VAT No. | Click here to enter text. |
| E-Mail | Click here to enter text. |  |  |
| VAT No. | Click here to enter text. |  |  |
| Company Reg. No. | Click here to enter text. |  |  |

|  |  |
| --- | --- |
| **Nationality of beneficial**  **Owner:** | Click here to enter text. |

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| --- | --- | --- | --- |
| CO-ASSURED INFORMATION | | | |
| Name | Click here to enter text. | City | Click here to enter text. |
| Role/ Relationship with Assured | Click here to enter text. | Country | Click here to enter text. |
| Address | Click here to enter text. | Phone | Click here to enter text. |
| Post Code | Click here to enter text. | E-Mail | Click here to enter text. |
| Capacity |  |

|  |  |
| --- | --- |
| **Is the Yacht subject to finance/mortgage?** Yes  No | |
| If yes and any letters of  undertaking is required,  please provide name and  address of Mortgagee: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VESSEL INFORMATION | | | | |
| Vessel’s Name |  | MCA Certified | | Click here to enter text. |
| IMO No. |  | Max. Guest no. | | Click here to enter text. |
| Port of Reg. |  | Length | | Click here to enter text. |
| Flag |  | Beam | | Click here to enter text. |
| Class |  | Draft | | Click here to enter text. |
| Year Built |  | Builder | | Click here to enter text. |
| Type |  | Model | |  |
| GT |  | Engine Make and Model | |  |
| Insured Value |  | Engine Horse Power | |  |
|  |  | Engine Serial numbers | |  |
| **Home Port/Mooring:** | | | Click here to enter text. | |
|  | | |  | |
| **Vessel Use:** | | |  | |
| Private and Pleasure only  Skipper Charter  Corporate Entertainment  Racing/Regattas | | |  | |

|  |  |
| --- | --- |
| Please advise  races/regattas to be  entered: | Click here to enter text. |

**Tenders:**

|  |  |
| --- | --- |
| If any tenders are  Separately owned and/or  Flagged please provide  Details: | Click here to enter text. |

**Watersports Activity:**

|  |  |
| --- | --- |
| Will watersports cover be required? Yes  No | |
| Are there any submarines and/or submersibles on-board? Yes  No | |
| If yes details: |  |

**Helicopter Activity:**

|  |  |
| --- | --- |
| Will there be helicopter operations? Yes  No | |
| If yes details: |  |
|  | |
| TRADING INFORMATION | |
| Geographical | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| COVER INFORMATION | | |
| Type: Click here to enter text. | | Entry Date: Click here to enter text. |
| P&I | Click here to enter text. | |
| Defence | Click here to enter text. | |
| Others (please specify) | Click here to enter text. | |

|  |  |
| --- | --- |
| **War Risk** Yes  No | |
| If yes  Ground up  Excess Hull Value  Other (please specify) |  |
|  | |

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| --- | --- | --- | --- |
| CREW INFORMATION | | | |
| **Type** | **Number** | **Nationality** |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Details of any Crew  Medical or Personal  Accident cover including  Limits: | Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| CLAIM INFORMATION  Please provide brief details of any claims/incidents over the past 5 years that has/could have given rise to a claim | | | |
| **Date of Loss** | **Description** | **Amount Paid or Outstanding** | Comment (if any) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| CURRENT INSURANCE INFORMATION  Please provide details of current insurances: | | | |
|  | | | |
| Has insurance cover been cancelled or refused in the past? Yes  No | | | |
| Details: | | | |

|  |
| --- |
| OTHER RELEVANT INFORMATION |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| TAX INFORMATION | | | |
| Is tax due on this insurance? Yes  No | | | |
| If yes: | | Tax rate: \_\_\_\_\_ % | |
| GENERAL MEETINGS AGREEMENT | | | |
| *We hereby agree to receive any message, notice, information,*  *documentations, announcements, etc. sent by Assuranceforeningen Skuld*  *(Gjensidig)* *and/or Skuld Mutual P&I Association (Bermuda) Ltd. (”****Skuld****”) in*  *connection with General Meetings in Skuld by electronic mail at the*  *following Company e-mail address:* | | | Yes  No |
| *Email address:* |  | | |

TRADING CERTIFICATES REQUIRED

Spanish Liability Certificate

Greek Liability Certificate

Italian Blue Card

**BUNKERS CONVENTION 2001**   (Any vessel any type over 1,000 GT which is flying the flag of a   
 state party or entering a port or facility in the territorial sea of a   
 state party)

**WRECK REMOVAL**   (Any vessel any type over 300 GT which is flying the flag of a **CONVENTION 2007** state party or entering a port or facility in the territorial sea of a  
 state party)

**MARITIME LABOUR**   (Ships registered in a state which is a party to MLC, or calling **CONVENTION 2006** at a port in a jurisdiction where MLC is in force)

**AS AMENDED (MLC 2006)** 1. MLC Certificate – Regulation 2.5.2., Standard A2.5.2 and

2. MLC Certificate – Regulation 4.2, Standard A4.2.1   
 paragraph 1 (b)

**ATHENS CONVENTION 2002/PASSENGER LIABILITY REGUATION 2009 (PLR)**

All sea going ships licensed to carry more than twelve passengers and engaged in

(a) an international voyage where the ship is

(i) registered in a state which is a member of the EU/EAA or party to the Convention, or

(ii) calling at a port in a state which is a member of the EU/EAA or party to the Convention; or

(b) a domestic voyage in an EU/EAA state which applies PLR to such vessels.

**Non War Blue Card**     
  
**PLR War Blue Card**    
(A separate application form will be required)

With respect to Bunkers Convention, Athens/PLR and WRC - for vessels not flying the flag of a state party, application should be issued to a state, which is a party and willing to issue Certificate.

Please insert state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**US Oil Pollution Act 1990**   
Confirmation letters for providers   
of Certificates of Financial Responsibility (Vessels over 300GT entering US ports or waters)

**Facility** CHUBB COMPANIES

CRC Bothell CRC Insurance Services Inc.

Environmental Pollution Group (EPG)

Great American Insurance Group

MISL

SIGCO

Safe Harbour Pollution Insurance

Salvus Bain Management (USA) LLC

Star Indemnity and Liability

US BONDING

Underwriters Marine Services Inc. (Louisiana)

Underwriters Marine Services Inc. (Texas)

**Applicant Role** Owner

Managing Owner

Bareboat Charterer

Operator

Name of Applicant: Click here to enter text.

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We confirm that we have in place a war risks policy on standard terms with a separate limit for P&I liabilities for at least the proper value of the ship, and that we will comply with the terms and conditions of this policy.

Entry is subject to Skuld’s Yacht Terms and Conditions applicable at the commencement of the period of insurance and to terms and conditions separately agreed upon.

Please return the completed form and the attached undertaking duly signed.

Date: [Insert date]

Signature: Click here to enter text.

Capacity:

MLC CERTIFICATE UNDERTAKING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of vessel(s): |  |  |  |  |
| Type of Certificate |  |  |  |  |
| IMO: |  |  |  |  |
| Call sign: |  |  |  |  |
| Port of registry: |  |  |  |  |
| Flag: |  |  |  |  |
| Registered owner: |  |  |  |  |
| Full address of principal place of business: |  |  |  |  |
| State issuing Certificate (if not flag state) |  |  |  |  |

**MLC Undertakings**

We hereby undertake and agree that in consideration of the Association agreeing to issue the MLC Certificates under Regulation 2.5.2, Standard A2.5.2, Regulation 4.2 and Standard A4.2.1 paragraph 1(b) of the Maritime Labour Convention 2006, as amended (MLC) at our request:

1. where any payment by the Association under any such certificate is in respect of war risks, we will indemnify the Association to the extent that such payment is recoverable under the Assured’s P&I war risks policy, or would have been recoverable if the Assured had maintained and complied with the terms and conditions of a standard P&I war risks insurance policy,
2. to assign to the Association all the rights of the Assured under any social security scheme, or other insurance or national fund or other similar arrangement where such scheme, insurance, national fund or arrangement applies in respect of all or any liabilities arising under the MLC Certificates;
3. 30 days from a notice to the Flag State of the termination thereof we shall take all necessary steps to remove the Certificates and any copies thereof from the Vessel/Unit(s) and return them to the Association.

These undertakings shall be governed by and construed in accordance with English law and any claim, dispute, legal action or proceeding arising out of or in connection with this letter of undertaking shall be subject to the exclusive jurisdiction of the High Court of Justice in London

When called upon to do so, we will instruct solicitors in London to accept, on behalf of the Assured of any of the above Vessel, service of proceedings issued on behalf of the Association in connection with this undertaking.

We also represent and warrant that the signatory is authorised to sign this form on behalf of the Assured and each of the Co-Assureds.

Dated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Assured (if not signed by Assured must be signed by authorized signatory of Assured)