

application/questionnaire

Zurich Yacht Protection



Note: For questions mark the appropriate answer with an X.

Policy n° Effect Expiry Replaced policy n° Way of direct debit payment: Annual Half-yearly payment Quarterly payment

Holder's data

Type of person: Physical Juridical Nationality: Spanish Foreign If foreign, please state nationality
Type of document: Tax Identification n° Company Identification n° Passport Residence permit Other N°
1 Surname 2 Surname
First names Company name
Address N.º Floor Door Stairs
Postcode Town Telephone n°
Language Sex: Male Female Date of birth

Direct debit

Bank/ Saving Bank Account holder
Bank Branch Sort code Account n°

Broker's data

Producer broker
Broker payment 1 receipt
Broker payment successive receipts

Business data

Code Description

The insured's data (to be filled in if different of holder)

Type of document: Tax Identification n° Company Identification n° Passport Residence permit Other N°
Surnames First names
Address N.º Floor/Door/ Stairs
Postcode Town Telephone n°

Description of the risk

1. Characteristics of the boat - guarantee area: Spanish maritime waters (R.D. 607/1.999). Interior waters and territorial seas of Spain up to 200 miles. Interior waters and territorial seas of the U.E. Spanish interior waters (Excluding maritime waters)

Name Type Use
Make Model
Registration: Registration n°: List n°: a Registration year:
Year built: Length: Number of authorised places:
Hull material: Steel Aluminium Fibreglass Iron Wood Polyester
Propulsion: Motor Sail Sail and motor Oars
Nº motors: Joint power in H.P. Sails surface area m.
Make / motor model:
Motors / Location: Inboard Outboard In and out board
Flag of navigation: Usual mooring port:
Town of usual residence of Holder / Insured:
Maintenance contract: Hibernation on land or dry dock: Water skiing:
Auxiliary boat: (As long as it has the same registration as the main boat).
Power H.P. Nº occupants

Guarantees Insured

1. Basic guarantees

1.1 Compulsory Civil Responsibility for Boats (In accordance with R.D. 607/1999)

2. Optional guarantees

2.1 Voluntary Civil Responsibility

Options: 90.160 150.260 240.410

2.2 Occupants (for each one)

Option :	<input type="checkbox"/> A 1	<input type="checkbox"/> A 2	<input type="checkbox"/> A 5	<input type="checkbox"/> B 1	<input type="checkbox"/> B 2	<input type="checkbox"/> B 5	<input type="checkbox"/> C 1	<input type="checkbox"/> C 2	<input type="checkbox"/> C 5
Death	6.010	6.010	6.010	12.020	12.020	12.020	18.030	18.030	18.030
Per. Inv	12.020	12.020	12.020	24.040	24.040	24.040	36.060	36.060	36.060
G.A.S.	601	1.202	3.005	601	1.202	3.005	601	1.202	3.005

2.3 Total loss and salvaging expenses

2.4 Particular breakdowns and other fortuitous damage

Value hull	<input type="text"/>	euros
Value motors	<input type="text"/>	euros
Value accessories	<input type="text"/>	euros
Value sails	<input type="text"/>	euros
Value auxiliary boat	<input type="text"/>	euros
Total sum values	<input type="text"/>	euros

2.5 Assistance at sea

2.6 Franchises

If so, state guarantee and option:

R.C.V.	Particular Breakdowns	Total Loss	Franchises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	150
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	300
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	600
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.005
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.010

Total premium (including taxes)

The applicant states that the boat meets the following conditions:

- It belongs to him/her and is destined to private use (without commercial use).
 - He/she has the necessary permits, authorisations and certificates in accordance with the regulation in force.
 - He/she does not take part in competitions or regattas.
 - The capital insured for the optional guarantees and the premium will be revalued annually according to the official price rates.
- If the event of non-fulfilment of any of the above regulations, please state in detail in the Remarks section.

Remarks

The Holder and/or Insured state that the answers contained in this Insurance Application/Questionnaire are exact and is responsible for any inexactness in the same, in accordance with article 10 of the Law on Insurance Contracts, and is obliged to inform the Insurance Company of any variation that may arise while this insurance is in force. He/She also acknowledges having received all the required information according to R.D. 2486/1998.

Our Company is Zurich España, Compañía de Seguros y Reaseguros, S.A., with Company Identification Number A-28360527 (inscribed in the Company Register of Barcelona; Volume 31.069, folio 12, page number B184183; inscription 261) with its business address at Via Augusta, 200; 08021 Barcelona. The activities of this Company are under the control and supervision of the Direction General of Insurance of the Ministry of the Economy and Treasury.

Data Protection - Data of a personal nature, filled in voluntarily, will be included in the files with the aim of establishing, maintaining and meeting the objective of the contractual relationship, the viability of which may be subject to the availability of some of this data, it will also be used for the analysis of commercial profiles and offering products or services by the Companies Zurich España, Zurich Vida and Zurich Life, or other companies legally linked to the former. At all times, the interested party may exercise the right to access, ratify, cancel and oppose by means of a written communication addressed to the contracting company Zurich, responsible for the files and their processing, with its address at, Via Augusta 200, 08021 - Barcelona, (Customer Attention Dept.).

Personal data will be treated in a confidential way in accordance with what is laid down in the Law 15/1999, and will not be ceded to other companies unless is caused by the management of the reinsurance or coassurance, statistic processing and quality studies, risk analysis and accident prevention or linked to the management of the service in the case of a claim.

For all of which, the applicant states his/her express consent.

In on the of

The Broker

The Holder and/or Insured

For the Insurance Company