

## APPLICATION FOR CONCLUSION OF INSURANCE CONTRACT No \_\_\_\_\_ Yacht and Motor Boat Hull Insurance

Filling in this application does not bring about any obligation to conclude an insurance contract. Upon concluding the insurance contract, this application will become an integral part of it. I am aware of the fact that submitting any false or incomplete information gives the insurer the right to reject the claim either in part or in full.

### POLICYHOLDER

Name \_\_\_\_\_ Personal ID / Reg. code \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### INSURER

#### ERGO Insurance SE

Address A. H. Tammsaare tee 47, 11316 Tallinn Registration code 10017013  
Phone 610 6500, fax 610 6501 E-mail info@ergo.ee

### BENEFICIARY

Name \_\_\_\_\_ Personal ID / Reg. code \_\_\_\_\_

### INSURANCE

Boat	Type	Model	Registration number or sail marking	
	Name	Built year	HIN/CIN code	Hull material
	Width	Length	Engine type	Sail area
	Engine(s) type/model	Engine no	Power, kW	Built year

Boat trailer	Trailer type/model	VIN number	Registration number	Built year
--------------	--------------------	------------	---------------------	------------

SUM INSURED	Insurance amount in total	Engine(s)	Additional equipment	Trailer
-------------	---------------------------	-----------	----------------------	---------

INSURANCE COVER	Duration of the cruising season (extended cover)	From		to	
	Duration of storage (limited cover)	From		to	

DETAILS	State of registry	Navigation area	Laid up location	Sailing experience in years
	Boat user(s) (name or names)			
	Purpose of use of the boat		Previous insurer	

LIABILITY INSURANCE	I want liability insurance of watercraft possessor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Required limit of liability insurance in euros	_____	

LOSS EVENTS	Insured events of the boat and/or boat damages caused by the policyholder during the previous four years
	_____
	_____
	_____

**A LIST OF ADDITIONAL EQUIPMENT** (additional equipment, navigation devices and life safety equipment with a value exceeding 300 euros)

Item	Type/Model	Built year	Value in euros
Total			

**INFORMATION FOR POLICYHOLDERS**

The insurance contract enters into force and insurance cover begins at the start date of the insurance period indicated on the insurance policy. The insurance cover expires at the end date indicated on the insurance policy.

The insurer is released from the obligation to perform the insurance contract if the insurance premium or the first instalment of the insurance premium if its paid in instalments, is not paid by the agreed due date after entry into the insurance contract.

The insurer must be immediately notified of the occurrence of an insured event and an increase of the insured risk.

The parties to the insurance contract have the right to terminate the insurance contract on the grounds set out in the insurance conditions and/or in the Law of Obligations Act. If the policyholder is not happy with the activities of the insurer, the policyholder has the right to refer the matter to the Financial Supervision Authority (address Sakala 4, 15030 Tallinn).

The applicant confirms that:

- all the data given in the application are true and complete;
- they aware of the fact that in the event of a breach of the notification obligation the insurer has the right to reduce the insurance indemnity or refuse to pay it out;
- they agree to the policyholder's personal data given in this application being processed by the insurer for the purpose of performing the contract;
- they have read the general terms and conditions of insurance contracts and the terms and conditions of small vessel insurance, and wish to enter into the insurance contract under these terms and conditions. The policyholder confirms that they consent to the terms and conditions of the insurance contract by paying the insurance premium.

**INSURED**

Signature ..... Date

**INSURER**

Signature ..... Date