

# Application for pleasure craft insurance



This form can be filled out on your PC!

Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Date of birth:	Company name
First name and surname		
Street / house number		Phone / Fax
Postcode / City		E-Mail-Adress

The following questions are questions about material circumstances that are likely to influence the insurer's decision, to conclude the contract at all or with the agreed content. In accordance with § 19 VVG (obligation to notify), the policyholder is obligated to submit the following until the insurer in text form of all circumstances of risk known to the insurer which the insurer has asked for in text form and which are relevant for the insurer's decision to conclude the contract with the agreed content. The Insured is also obliged to notify the Insurer to the extent that the Insurer asks questions in the above sense in text form after his declaration of contract but before acceptance of the contract.  
 Incomplete and incorrect information on the risk-relevant circumstances shall entitle the insurer, in the case of intentional or grossly negligent breach of contract, to Breach of the duty of disclosure to withdraw from the insurance contract. If the duty of disclosure is neither intentionally nor grossly negligently violated, the Insurers have the right to terminate the contract within one month of becoming aware of the obligation to notify, giving one month's notice.  
 We therefore ask you, also in your own interest, to answer the questions completely and truthfully.  
 Marked is considered to be correct. Lines, other characters in the text or non-response are considered as negation.

## Information about the pleasure craft vessel / sport boat:

### Sailboat

- Covered keel boat, covered keel sword
- Open keel boat, open sword boat
- Motor glider
- Catamaran
- Trimaran

### Motorboat

- Glider / Semi-Glider
- Displacer
- Motor Catamaran
- Inflatable boat with fixed hull

### Other risks

- Jetski
- Waveboat
- \_\_\_\_\_

Applicant is the sole owner

Is the boat used commercially, rented or chartered out

Participates in regattas or races (motorboat)

Vehicle subject to registration?

yes  no

yes  no

yes  no

yes  no

Which boat licence do you have and since when?

Name of the boat		Manufacturer / Building yard		Type designation	
Makers/series/hull or CE number		Manufactured by <input type="checkbox"/> Ship yard <input type="checkbox"/> Self construction		Year of build	Year of purchase
Building material <input type="checkbox"/> Plastic (GRP) <input type="checkbox"/> Textile/ Rubber <input type="checkbox"/> Carbon <input type="checkbox"/> Steel <input type="checkbox"/> Aluminium <input type="checkbox"/> Wood <input type="checkbox"/> Ferrocement					
Building no. of the shipyard			Mast - Construction material <input type="checkbox"/> Aluminium <input type="checkbox"/> Carbon <input type="checkbox"/> Wood <input type="checkbox"/> Others		
Sail area in m <sup>2</sup>	Sail number plate	Length over all in m	Width in m	Draft in m	Weight in kg

## Boat papers / marking (small vehicle registration plate; ship's certificate; flag certificate; ship's certificate, international boat licence)

Official number plate / Register no.:	Place of registration	Country of registration	Port of registry	Flag
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## Engine

<input type="checkbox"/> Built-in motor <input type="checkbox"/> Outboard engine	Manufacturer	<input type="checkbox"/> Diesel engine <input type="checkbox"/> Gas engine <input type="checkbox"/> Electric engine	Total power <input type="checkbox"/> HP _____ <input type="checkbox"/> kW _____
High speed up to 100 km/h <input type="checkbox"/> km/h _____ <input type="checkbox"/> Knots _____	Model or type designation	Engine no. (port side)	Year of build
		Engine no. (starboard)	Year of build

## Propulsion

<input type="checkbox"/> Z-driver <input type="checkbox"/> Shaft drive <input type="checkbox"/> Saildrive <input type="checkbox"/> IPS <input type="checkbox"/> Jet drive	For Z-drive / IPS		
	Manufacturer	Engine No. (port side)	Year of build
	Model or type designation	Engine No. (starboard)	Year of build

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## Dinghy

<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no engine <input type="checkbox"/> with engine	Manufacturer of the engine	Year of build
Manufacturer of the dinghy	<input type="checkbox"/> HP _____ <input type="checkbox"/> kW _____	Type designation	Year of build

## Trailer

<input type="checkbox"/> yes <input type="checkbox"/> no	Manufacturer	Year of build
Identification	Vehicle identification/ chassis no.	

## Life raft

<input type="checkbox"/> yes <input type="checkbox"/> no	Manufacturer + type designation
Construction number	Year of build

## Location / Berth of the vehicle (Harbour/Marina/Club/Private - full address)

Summer
Winter

## A: Pleasure craft hull insurance

**Scope**

<input type="checkbox"/> Scope I on all standing European waters (see conditions/ area of application 2.1)	<input type="checkbox"/> Scope II Inland waters of Europe (see conditions/ area of application 2.1-2.2)	<input type="checkbox"/> Scope III Inland waters of Europe, North Sea – Baltic Sea (see conditions/ area of application 2.1-2.4)	<input type="checkbox"/> Scope IV Inland waters of Europe, North Sea – Baltic Sea, Mediterranean (see conditions/ area of application 2.1-2.5)
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**Deductible**  EUR 250,--  EUR 500,--  EUR 1.000,--  EUR 2.500,--  EUR 5.000,--  EUR 7.500,--  \_\_\_\_\_

### Insurance sums and premiums

Insured value is the current market value of the objects to be insured at the time of the conclusion of the contract. For new boats this corresponds to the new value. The amount of the sum insured has to correspond to this value and is regarded as "incontestable feasts taxicab".  
Insurance cover is only provided if the relevant insurance is marked with a cross and the sum insured is stated.

<input type="checkbox"/> Boat with permanently installed parts incl. mechanical equipment	<b>Insurance sums</b>
<input type="checkbox"/> Outboard engine	EUR _____
<input type="checkbox"/> Dinghy	EUR _____
<input type="checkbox"/> Trailer	EUR _____
<input type="checkbox"/> Life raft	EUR _____
<input type="checkbox"/> Personal items	EUR _____
<b>Insurance sum over all</b>	<b>EUR</b> _____

Personal items are insured free of premium in the amount of 5% of the VS sum min. EUR 500,-- / maximum EUR 6,000,--  
e.g. garments, oilskins, on-board laundry, on-board crockery, fishing and diving equipment, water-skiing. (single value over EUR 500,-- display separately).

EUR _____	Premium (net)
EUR _____	% insurance tax
<b>EUR</b> _____	<b>Premium (gross)</b>

**Minimum contribution: sailboats / motorboats EUR 80,-- net.**  
The minimum contribution may not be undercut by the SFR.

## B: Pleasure craft liability insurance

**Scope** Worldwide (special regulation for loss events according to the law of the USA and Canada)

**Coverage**  Pleasure craft Liability Insurance

### Sums insured

Flat rate for personal injury and damage to property	Financial losses	
<input type="checkbox"/> EUR 3 Mio.*	3 Mio.	* 3 million cover for Italian waters not sufficient
<input type="checkbox"/> EUR 8 Mio.	8 Mio.	EUR _____ Premium (net)
<input type="checkbox"/> EUR 10 Mio.	10 Mio.	EUR _____ % insurance tax
<input type="checkbox"/> EUR 15 Mio.	15 Mio.	<b>EUR</b> _____ <b>Premium (gross)</b>
<input type="checkbox"/> EUR 30 Mio.	30 Mio.	<b>Minimum contribution sailboats / motorboats EUR 25,-- net.</b>

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## Total premium calculation

A: Pleasure craft hull insurance EUR \_\_\_\_\_ Premium contribution (net)  
B: Pleasure craft liability insurance EUR \_\_\_\_\_ Premium contribution (net)  
**Subtotal premium total net** EUR \_\_\_\_\_  
**Insurance tax \_\_\_ %** EUR \_\_\_\_\_  
**Premium contribution (gross)** EUR \_\_\_\_\_ incl. \_\_\_ % insurance tax

## Pre-insurance and/or previous damage

1. pleasure craft insurance exists or has existed for the applicant in the following cases  
Insurance company: \_\_\_\_\_ Insurance policy no: \_\_\_\_\_  
 uncanceled       cancelled by policyholder       cancelled by insurer

**Previous damage:**

Loss year:	Loss amount EUR:	Hull or liability?	Type of damage:

**2. Known unrepaired damage to the vessel to be insured:**  
Type and range:



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## All contracts

Desired commencement of insurance: **X** \_\_\_\_\_ 00:00 hours,

The insurance commences at 00.00 hours on the desired commencement date, but not earlier than the date of receipt of the application. It is only possible to backdate the start of the insurance if you have already received a corresponding provisional confirmation of cover. The term of the insurance is at least 1 year. The contract is extended by a further year if it is not cancelled in written form at least 3 months before expiry.

With my/our signature, I/we confirm that I/we have received the recommendation on which the application is based, the notes on the pre-contractual duty of disclosure and the information sheet on insurance products, the consumer information, the data protection declarations (<https://www.hkva.de/de/datenschutz>) as well as the respective conditions for the recommended products.

The applicant is solely responsible for the accuracy and completeness of the information provided, even if another person takes the minutes. In the event of missing or incomplete answers to questions, the applicant may not rely on the fact that these details were provided orally to the intermediary. The applicant agrees that the insurer may collect, process and use data in accordance with the declaration of consent under the Federal Data Protection Act.

In addition, I/we confirm with my/our signature that the insurance cover shall commence before the expiry of the statutory cancellation period.

<input type="checkbox"/>	<i>I/We agree that HKVA may contact me/us by e-mail and may provide information on current topics. This Consent is voluntary and I/we can revoke it at any time with effect for the future. The conclusion of the contract comes about independently of this consent or your revocation.</i>
<input type="checkbox"/>	<i>Declaration of renunciation according to § 6 Abs. 3 VVG and § 61 VVG With regard to my insurance contract, I/we waive my/our right to advice from the agent and its written documentation. I/we have been informed by the agent that this waiver may have a negative effect on a possible claim for damages against the agent.</i>

**X** \_\_\_\_\_  
Place, Date

**X** \_\_\_\_\_  
Signature of the account holder or, if applicable, the representative

## Bank details for bank transfers

Please enter your bank details so that we can pay out your credit as quickly as possible and without further costs in the event of a premium refund or payment in the event of a claim. This is NOT an authorization for direct debit.

Account holder:	Street, house number (for different account holder)	
	ZIP code, city (for different account holder)	
Bank name:	IBAN: (22-numbers)	BIC

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## SEPA- direct debit mandate

Account holder: (for different account holder)	Street, house number (for different account holder)	
	ZIP code, city (for different account holder)	
Name of bank	IBAN: (22 numbers)	BIC

I/we authorise Hanseatische Kasko Versicherungsagentur GmbH, Herrlichkeit 4, D-28199 Bremen, Germany, to debit the above account by direct debit. At the same time, I/we instruct my/our credit institution to honour the direct debit drawn by Hanseatische Kasko Versicherungsagentur to my/our account.

Information: I/we may request reimbursement of the amount debited within 8 weeks from the date of debiting. The conditions agreed with my/our bank apply. Before the first collection of a SEPA basic direct debit, Hanseatische Kasko Versicherungsagentur GmbH will inform me/us about the collection in this procedure type.

Creditor identification number: DE53ZZZ00000564137

Mandate reference number: the mandate reference is indicated on the request for payment

Type of payment: Recurring direct debit of premiums due

### Payment:

yearly

half-yearly +3% (only for annual premium over 200 €)

quarterly +5% (only for annual premium over 400 €)

**X** \_\_\_\_\_

Place, Date

**X** \_\_\_\_\_

Signature of the account holder or, if applicable, the representative

Please complete the following only if the account holder and policyholder are not identical:

Account holder: (for different account holder)	Street, house number (for different account holder)	
	ZIP code, city (for different account holder)	
Bank name:	IBAN: (22-numbers)	BIC

I/we consent to all payment information being sent to the policyholder or his/her correspondence address. I/We also agree that the Hanseatische Kaskoversicherungsagentur GmbH may store my/our data in accordance with the EU Data Protection Basic Regulation (EU-DSGVO).

**X** \_\_\_\_\_

Place, Date

**X** \_\_\_\_\_

Signature of the account holder

The policyholder undertakes to inform the account holder of all payment information (pre-notification).

**X** \_\_\_\_\_

Place, Date

**X** \_\_\_\_\_

Signature of the policyholder