



Topsail Insurance Limited
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Yacht Insurance Enquiry Form

INSURED'S NAME: DATE:

ADDRESS:

POST CODE:

TELEPHONE NO.: MOBILE NO.: EMAIL ADDRESS:

Please indicate participation in:- Blue Water Circumnavigation Biscay Triangle Rally Antigua OZ Med Rally NUMBER OF CREW ON BOARD:

PERIOD OF INSURANCE REQUIRED: FROM: TO:

PRE-RALLY CRUISING REQUIREMENTS:

QUALIFICATIONS AND EXPERIENCE - INCLUDING CREW WHERE KNOWN:

YACHT NAME: TYPE/CLASS:

DATE OF PURCHASE: PRICE PAID: £

TYPE OF CONSTRUCTION: YEAR BUILT:

BUILDER'S NAME: LENGTH:

TOTAL SUM INSURED (including outboard, dinghies and personal effects): £

CLAIMS RECORD FOR LAST 5 YEARS:

CURRENT INSURER:

CURRENT NO CLAIMS DISCOUNT: RENEWAL DATE:

ANY OTHER MATERIAL FACTS: