


**SAILPARTNERS**
**Sailpartners GmbH**

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www.sailpartners.com

Agency Number:

**Application**

Please fill in the application form and send it by mail or fax it to: **+49 (0)30 214082 - 89**  
All information and the complete terms and conditions can be found at: **www.sailpartners.com**

**Policy Holder**

Name	_____	Office phone	_____
Street, no.	_____	Home phone	_____
Zip,town	_____	Fax	_____
Profession	_____	Email	_____
Date of birth	_____		

Hereby I apply for the following insurance(s):  
**Please choose your insurance coverage / premium!**

**Extended Third-Party Insurance for Skippers** (in accord with AHB, BBR and SHB 2003 of Gothaer Insurances)

Insured is the legal liability of the policy holder in his capacity as charterer and skipper of a yacht worldwide.

The sum insured amounts to **EUR 2,000,000** for damage to persons and property. The maximum payment for all claims within one year equals twice the sum insured. The yacht's liability insurance is supplemented by the skipper insurance in case of insufficient coverage to be. Included are:

- Damage to the chartered yacht in case of proven gross negligence up to **EUR 550,000**
- Liability claims of the entire crew among themselves up to **EUR 2,000,000**
- Security deposit in case of confiscation in a foreign harbor up to **EUR 50,000**
- Claims of the yacht owner concerning charter failure due to major damage to the yacht at your fault up to **EUR 20,000.**

Start of the insurance \_\_\_\_\_ with annual renewal: Yes  No

**Annual premium including insurance tax:**
**Sailing yachts:**

Up to 10 m length **€ 70.00**   
Over 10 m length **€ 95.00**

**Motor and sailing yachts:**

Up to 10 m length **€ 80.00**   
Over 10 m length **€ 120.00**

You will receive the policy and the invoice directly from Gothaer Insurances.

### Deposit Insurance for Chartered Yachts

Insured is the security deposit in the event of non-refunding by the yacht's owner / charter base due to damage or total loss of the chartered yacht as a result of accident, sinking, fire, lightning, theft, robbery or damage resulting from natural disasters for the skipper and the crew on the basis of the special terms of the deposit insurance 2002d.

The premium incl. insurance tax is calculated based on the deposit and amounts to 7.2 percent for deposits up to EUR 2,200, and 6.2 percent for deposits over EUR 2,200 for the charter trip aforementioned. The minimum premium is EUR 50. **Deductible: EUR 72.**

**Charter cruise** from \_\_\_\_\_ till \_\_\_\_\_

**Charter base** \_\_\_\_\_

**Deposit** \_\_\_\_\_ EUR **Premium** \_\_\_\_\_ EUR

Please wire the premium for the **deposit insurance** to the following account:  
 Sailpartners GmbH, Postbank Berlin, account number: 665845107, routing number: 100 100 10; IBAN: DE87 1001 0010 0665 8451 07; BIC PBNKDEFF. Subject: your name + "deposit". Please mail or fax the application form to the aforementioned address. The bank confirmation of fund-transfer is regarded as the valid policy.

Hereby I irrevocably cede the right of regulation to the aforementioned charter base.

### Travel Cancellation Expenses Insurance (incl. skipper failure)

Insured are the travel cancellation expenses for all persons mentioned hereafter for the aforementioned charter trip on the basis of ABRV incl. clauses and special terms of the Gothaer as well as the VVG (especially §§ 62 and 63).

**Basic conditions**

The travel cancellation expenses insurance can only be concluded within 14 days of the booking confirmation. The round-trip ticket as well as possible additional bookings are covered on condition that the cost is accounted for in the sum insured.

**Charter cruise** from \_\_\_\_\_ till \_\_\_\_\_

**Charter base** \_\_\_\_\_

Name, First Name	Skipper yes no	Pro-rated Travel Cost	Name, First Name	Skipper yes no	Pro-rated Travel Costs
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

Overall travel cost / Sum insured (rounded off to the next full EUR 100) \_\_\_\_\_  
 The premium incl. insurance tax amounts to 4 percent of the sum insured (EUR 4 per EUR 100).

= Sum insured \_\_\_\_\_ 4% thereof = \_\_\_\_\_ EUR

Hereby I certify that I have read and accepted the aforementioned insurance terms and conditions. Terms and conditions at [www.sailpartners.com](http://www.sailpartners.com) or at request per mail.

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

The fund-transfer must be completed before the start of the charter trip. Incomplete or incorrectly furnished applications are considered invalid by the insurer. The same applies in case of non- or inadequate payment of the premium. Hereby I understand that my data will be safely stored in accord with BDSG (Bundesdatenschutzgesetz).