



INSURANCE APPLICATION FOR PRIVATE BERTH CHARTER INSURANCE

POLICYHOLDER

Please complete the application form in full and send it to us: -per
E-mail to: skipper@yacht-pool.at

First name: _____

More information at: www.yacht-pool.com

Surname: _____

Year of birth: _____ Profession: _____

Address: _____

Mobile number: _____

Postal code: _____ Place: _____

E-Mail: _____

Trip dates, (Insurance period)

Guests (insured participants)

Trip starts on: _____ Trip ends on: _____ Number of guests: _____

Name of insured person :

GUEST-LIABILITY-INSURANCE

In accordance with the AHVB and the Special YACHT-POOL Terms and Conditions.

Sum insured for € 5.00 million lump sum personal injury/property damage € 19.50 / per guest

Children up to and including the age of 13 are insured free of charge.

Material damage to the ship due to gross negligence is insured for a maximum of € 100.000,- per charter trip.

Sum insured maximized once per charter trip.

GUEST-ACCIDENT-INSURANCE

In accordance with the AUVB and the Special YACHT-POOL Berth Charter Conditions.

Disability	Recovery Cost	Death	Premium:
€ 155.000,-	€ 60.000,-	€ 77.000,-	<input type="checkbox"/> € 49.00
€ 230.000,-	€ 60.000,-	€ 77.000,-	<input type="checkbox"/> € 99.00

Number of crew members: _____ x Premium: € _____ = Total premium: € _____

GUEST-DEPOSIT-INSURANCE

In accordance with the YACHT-POOL conditions for guest deposit insurance.

The insurance cover applies to the insured guest(s) in the amount of the hull damage incurred, up to a maximum of the amount ticked below. The deductible is 5% of the deposit or the lower damage, but at least € 100,- per loss event. The deposit amount ticked may not be lower than the amount agreed in the charter contract.

Deposit amount up to:	€ 1.025,-	€ 1.550,-	€ 2.050,-
Premium	<input type="checkbox"/> € 35.70	<input type="checkbox"/> € 59.90	<input type="checkbox"/> € 83.30

GUEST-CHARTER-CANCELLATION INSURANCE

In accordance with the special YACHT-POOL conditions for berth charter cancellation insurance. In deviation from the above-mentioned start of the other insurances, the charter cancellation insurance begins with the acceptance of the application and ends with the end of the cruise. The total costs (charter fee + flight costs) must be stated as the sum insured. **No benefit in the event of pre-existing illness.**

Sum insured: Charter costs: € _____ Flight costs: € _____ = Total costs: € _____

Premium 4.5 % (of the total costs) = € _____ (min. Premium € 45.00) Place of trip: _____

Please fill in the following fields, only then can your application be processed.

YACHT-POOL Versicherungs-Service GmbH, Zimmerauerweg 47, A-6370 Reith bei Kitzbühel, (nachfolgend YACHT-POOL) *
Creditor-ID: AT59ZZZ 000 000 01881 | Mandate reference will be communicated separately

SEPA core direct debit mandate and declaration of consent and revocation instruction**

I authorize YACHT-POOL to collect recurring payments from my account by direct debit. At the same time I instruct my bank to redeem the direct debits drawn by YACHT-POOL on my account.

Note: I can request reimbursement of the debited amount within eight weeks of the debit date.

The conditions agreed with my bank apply.
The statutory insurance tax is included in the insurance premiums. The other insurances are valid for the duration of the cruise.

(Name and address of the account holder)

IBAN: _____ BIC: _____

*PAYMENT

Acknowledgements of receipt, final declarations and signature (You will also receive documents A and B with the policy by email)

Contract-Information **
A

- I have received the following consumer information and leaflets and have taken note of their content:
- Information for the policyholder
- Information on the protection of your data and consent to data processing
- Contract information and special notes

Insurance Conditions **
B

- I have received the terms and conditions on which the insurance is based and have taken note of their content:
- the General Terms and Conditions of Insurance (AHVB, ARB, AUVB, depending on the desired cover)
- the special YACHT-POOL tariff conditions
- the product information sheets for the charter insurances

Consent to data processing **

I give my consent to the processing of my personal data. I have been informed about my data protection rights and my right to object in the information sheet „Information on the protection of your data and consent to data processing“.

- Yes, I give my consent no, I refuse my consent (if „no“, insurance is not possible).

*MANDATORY FIELDS

Information on the right of withdrawal **

I have taken note of the information on my right of withdrawal under point 13 in the „Contract information“.

Newsletter: Yes, I would like to be informed about important charter information by newsletter (can be canceled at any time).

I hereby apply for the charter insurance policies ticked, issue the SEPA mandate and thereby make the above declarations.

Start of insurance **: _____, Mid day 12h. Commencement of insurance is the start of the cruise, with the exception of charter cancellation insurance.

Place, Date

X

Signature of the policyholder

X

Signature of the account holder

Would you like your application to be processed immediately or would you prefer a personal consultation? Please check one option.

I decide in favor of the product(s) applied for and expressly waive the right to further advice and documentation of the advisory service for the insurance(s) applied for. I am aware that I thereby limit my right to compensation due to the breach of notification, advice and documentation obligations.

or

I would like to receive detailed advice on insurance matters from a YACHT-POOL employee in detail. Please call me for a consultation.

X

Irrespective of this, we will be happy to help you at any time.

Place, date and signature of the policyholder