



Marine Insurance Specialists



FISHING VESSEL ENQUIRY FORM

Where did you hear of Velos? _____ Date: _____

Assured's Name: _____ Tel: _____ Mobile: _____

Address: _____

Postcode: _____ Email Address: _____ Date of Birth: _____

Experience: _____ (years) Owner/Skipper? **YES/NO** If **NO**, Skipper's Experience _____ (years)

Name of Vessel: _____

Type of Vessel: _____ Vessel Flag: _____

Hull Material: _____ Builder: _____

Year Built: _____ Gross Tons: _____ Max Designed Speed: _____ Length: _____

Date of last independent Survey _____ Date of last MCA/DTI inspection _____

Engine Make: _____ (Inboard/Outboard) Year of Make: _____ Date of last major Overhaul: _____

Cruising/Fishing Limits: _____ Single-Handed Sailing? **YES/NO**

Type of Operation/Fishing: _____

Mooring Location: _____ Mooring Type: _____

Crew Liability **YES/NO** If **YES** number of Crew (exc. owner): _____

Previous Claims: (with dates & values paid) _____

No Claims Bonus Entitlement: _____ % Current Insurers _____

Total Sum Insured: (excluding value of Fishing Licence) £ _____

Note: Third Party Liability will be included up to £2m for UK based craft or Euro 3m for craft based in Eire.

Date Insurance to Start: _____

Personal Accident Cover **YES/NO** If **YES** number of men _____ Limits _____

Any Additional Information: _____

Please return to: Velos Insurance Services Ltd 25 Christopher Street London EC2A 2BS
Tel: 020 7375 3273 Fax: 020 7650 7799 insurance@velogroup.co.uk www.velosinsurance.co.uk

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