

Flying 15 Association Insurance Scheme



Application Form

Proposer Details:

1. Name	
2. Address including Postcode	
3. Telephone Number	
4. Email Address	
5. Occupation	
6. Age	
7. Are you a Flying 15 Association Member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Will you race the Craft?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Details of your sailing experience	

The Craft & Equipment:

1. Name & Sail Number	
2. Year Built	
3. Current market value of craft (<i>excluding trailer & including sails & protective covers</i>)	£
4. Make & Serial Number of trailer	
5. Current market value of trailer	£

Mooring/Storage Details:

1. Where is the craft kept when not in use during the sailing season?	
2. Where is the craft kept when not in use outside the sailing season?	
3. What actions do you take to ensure its safekeeping?	
4. Where is the trailer kept when not in use?	
5. What actions do you take to ensure its safekeeping?	

Insurance Required:

1. Do you require cover whilst racing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you require Full reinstatement cover on Masts & Spars whilst racing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Cover to start from: <i>Please insert the required start date</i>		To:	31 January 2011
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The Scheme operates from 1 February 2010 to 31 January 2011. Cover will commence from 1 February 2010 or the date the Insurer authorises cover. Please note that the expiry date of 31 January 2011 will remain the same, but a pro-rata premium will apply if cover is required beyond 1 February 2010.

General:

1. Have you or anybody who will regularly sail the craft made a claim under any craft insurance policy during the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you or anybody who will regularly sail the craft been insured during the last 5 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you or anybody who will regularly sail the craft had any proposal for insurance cancelled, declined or accepted on special terms or had renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'Yes' to any of the General questions above, please provide details in the box below:

Payment Options

The following payment options are available:

1. By cheque for the full amount payable to COBRA Corporate Solutions Limited
2. By credit* or debit* card for the full amount. *The following cards are acceptable – Mastercard, Switch/Maestro, Visa and Solo

Name of cardholder:

Full address of cardholder:

Postcode

Card type:

*Mastercard, Switch/Maestro,
Visa or Solo*

Card number:

Issue number:

Solo or Switch/Maestro

Security number:

Visa or Mastercard

Card valid: From

to

Amount to be debited:

£

Date:

What to do next

In order for cover to commence:

- Please return this application together with your payment to:

Flying 15

COBRA Corporate Solutions Limited

3rd Floor, Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR

If you have any questions, please do not hesitate to contact:

Richard Cliffe

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Address: COBRA Corporate Solutions Limited, 3rd Floor, Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR

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