

# Vessel's Insurance Compliance Form

FOR ALL VESSELS

NAME OF VESSEL: .....

VESSEL MANAGER & ADDRESS:

.....

**This form must be completed and sent to F.A. every year, as evidence of compliance with clause 6I of the Code of Conduct.**

- ✓ complete section A then
- ✓ provide a copy of your policy and certificate of insurance OR
- ✓ ask your insurer/broker to complete section B and return to the F.A.

## SECTION A THE MAIN POLICY DETAILS

To be completed by F.A. Member

Name of Insurer: .....

Policy Number: .....

Certificate Number (where applicable): .....

Period of Cover: From ..... To:.....

Name of Insurance Broker (if applicable): .....

I hereby certify that the insurance policy detailed above covers the vessel operated by the syndicate.



Please tick box and sign below.

Name: .....

Email: .....

Contact No: .....

Signature: ..... Date: .....

Continued....

**SECTION B INSURER/INSURANCE BROKER DECLARATION**

To be completed by insurer/broker

We (full name of Insurer/Insurance Broker).....

of (address) .....

.....  
 hereby certify that the insurance policy detailed in Section A covers the following craft:

..... (name of vessel)

in respect of loss or damage arising from use as determined and restricted in the policy definitions and liability cover as outlined in the attached policy document.

This is in respect of the F.A. member's obligation under Clause 3J of the F.A. Code of Conduct which states that F.A. Members shall, "Before the vessel is paid up, ensure that a cover note is in place for the syndicate's ownership of the vessel to cover any accidental damage or loss in excess of £5000 up to the value of the vessel."

Name: .....

Email: .....

Contact No: .....

Signature: .....

Date: .....

PLEASE SEND TO:

MEMBERSHIP DEPARTMENT, F.A. head office