



Bavaria AG • Postfach 1455 • 82028 Grünwald/München

Mr.  
Laimonas Orvydas  
Tuskulenu g. 33C  
09219 Vilnius  
Litauen

Grünwald, 13.07.2017  
Ihr Ansprechpartner:  
Andreas Weiner  
Tel:+49 89 693923-11  
Fax:+49 89 693923-99  
andreas.weiner@bavaria-yacht.de

## Quotation for Yacht Insurance

Dear Mr. Orvydas

Thank you for your inquiry. We are pleased to submit our detailed quotation for the insurance for your vessel. As a traditional yacht insurance broker, BAVARIA Yachtversicherung offers you the security that you may expect from a competent partner: Individual insurance solutions, transparent conditions and reliable customer service.

The hull insurance (All-Risk) is subject to the BAVARIA Yachtversicherung Terms and Conditions which provide all-risk cover to the vessel.

We would be pleased if you confirm our quotation. Please check it through carefully and let us know if we can assist you with any details. To conclude the agreement, please send the complete, signed application back to us for further processing. We are very grateful for your interest in our company.

Yours sincerely,

**Bavaria AG**  
Spezialmakler für Yacht- und  
Luftfahrzeugversicherungen

Andreas Weiner



Bavaria AG Spezialmakler für Yacht- und Luftfahrzeugversicherungen  
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## Boat Insurance Application

000094281 / AW All Risk Insurance – Third Party Liability - Accident

### Insured Party:

Buisness Phone \_\_\_\_\_ Fax-Nr. \_\_\_\_\_ Privat Phone. \_\_\_\_\_  
Name Laimonas Orvydas  
Email laimonas.orvydas@rdd.lt  
Adress /City/ Zip Code/ Country: 09219 / Vilnius / Tuskulenu g. 33C  
Profession \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Type of permit/ license \_\_\_\_\_ Date of issue? \_\_\_\_\_  
Pre-insurance \_\_\_\_\_ Insurance Nr.: \_\_\_\_\_  
Amount of damages (5 yrs.) \_\_\_\_\_ Financial damage amount (total) 0,00 €

### Specific vessel data:

Kind: Segelyacht Name: „ “ Year built: 2000  
Model: Keel Builder: Werftbau Flag: LT  
HIN.No.: \_\_\_\_\_ Measures: / / Sail area qm:  
Material Hull: GFK Material Mast: Aluminium Material Sail: Dacron  
**Type of Engine** Manufacturer: Engine-No.:  
Highspeed Km/h: KW/HP: / Year built: \_\_\_\_\_  
Location of mooring: Hull No.: ?

Private use only  / Bareboat-Charter  / Skipper-Charter   
Conditions:

Insurance will be issued from \_\_\_\_\_ 12:00 h noon onward for one full year. This insurance contract is deemed automatically renewable for the following year unless terminated by either party with notice 3 months. Prior to expiration.

## II. Third Party Liability

Coverage amount of

<input type="checkbox"/>	3.000.000 for personal and/or property damage all-inclusive	45,20	per year (incl. Insurance Tax)	%
<input type="checkbox"/>	6.000.000 for personal and 6.000.000 for property damage	60,85	per year (incl. Insurance Tax)	%
<input type="checkbox"/>	10.000.000 for personal and 10.000.000 for property damage	77,05	per year (incl. Insurance Tax)	%



terms: BHB 07

### III. PASSENGER-ACCIDENT-INSURANCE

The insurance applies according to the lump-sum system. This means that the sums insured are divided by the number of persons on the ship at the time of the claim event.

I hereby apply for the following sums insured for:

	□		□		□
Death	50.000 €		100.000 €		200.000 €
max. pro person	€		€		€
Disability	150.000 €		300.000 €		500.000 €
max. pro person	€		€		€
Cosmetic operations	2.500 €		2.500 €		2.500 €
Cost of rescue/body recovery	5.000 €		10.000 €		15.000 €
<b>Annual premium</b>	<b>46,20 €</b>		<b>92,40 €</b>		<b>161,70 €</b>
	(+ applicable Insurance Tax)				

terms:

The premiums for orders relating to I. and III. in the case of policies created by us apply in addition to a one-off fee for issuing policies of € 4.60, payable upon conclusion of the contract, and a processing fee of € 5.00, which will also be charged for subsequent invoices and follow-up orders.

Bavaria AG is acting as an insurance broker under the laws of Germany. It is free to choose any insurance company providing the coverages referred to. Please note that wrong or false information can result in total loss of insurance coverage. Therefore please supply all information with the utmost consideration.

Applicant/insured party herewith confirms that he has duly read and understood the aforementioned. He agrees to receiving all documents regarding the insurance contract set up in English language.

\_\_\_\_\_  
 Place / Date

\_\_\_\_\_  
 Signature of applicant / insured party

I hereby agree to the invoice for my premiums being sent by e-mail.

Please use the following e-mail address: \_\_\_\_\_

\_\_\_\_\_  
 Place / Date

\_\_\_\_\_  
 Signature of applicant

**Automatic account debit:** I agree that the annual premiums and fees will be debited to my bank account

\_\_\_\_\_  
 Name / First Name

\_\_\_\_\_  
 Bank

\_\_\_\_\_  
 Signature of account owner if other than applicant

\_\_\_\_\_  
 Account- No.

\_\_\_\_\_  
 ABA Number, International Routing Number



## Rückruf-Fax

Zu Angebot Nr. 000094281

Ihr Ansprechpartner: Andreas Weiner

Dear Mr. Orvydas,

falls Sie noch Fragen zu unserem Angebot haben, faxen Sie dieses Beiblatt bitte ausgefüllt an die Faxnummer +49(0) 89 / 69 39 23-99 zurück und wir werden dann pünktlich zu dem von Ihnen gewünschten Zeitpunkt bei Ihnen anrufen.

An welchem Tag möchten Sie angerufen werden:

Um welche Uhrzeit:

Unter welcher Telefonnummer:

Vielen Dank!