

Viking Insurance : Application form and Schedule of Equipment

A copy of this application for Viking SailSafe Insurance will be incorporated in the policy. Please answer in full and write clearly.

Personal Details

Title	First Name	Surname	Date of Birth
Address			Post Code
Occupation	Daytime Telephone Number		
e-mail Address			

Schedule : List of your equipment

For a comprehensive policy please list all your boards, masts, booms and sails in this section.	Age or Year	Where is your equipment stored when not in use. If at Sailing Club, Caravan or Van Overnight contact Viking Insurance	
		Please give details of any windsurfing accidents or losses over the last 3 years. If more than 3 losses have occurred please contact Viking Insurance	
		Policy Selection	
		Type of Policy Please select cover required	Premium
		Comprehensive Policy State Value of Cover	£
		Third Party Policy Single Board	
		Third Party Policy Multiple Boards Board	
		Declaration	
		<p><i>I declare that I own the equipment to be insured and that the particulars and answers are true and complete and will form part of the contract between me and the underwriters. All items insured are maintained in a good state of repair. I am neither employed in the Windsurf or Marine industries not receive any form of sponsorship of my windsurfing.</i></p> <p><i>If this is a telephone application it will have been completed by Viking Insurance in accordance with information provided by myself and I confirm that this application will be checked and approved upon receipt.</i></p>	
		Date of Application	
For Third Party only please list your boards in this section		Start Date of Policy	
		Signed by the applicant	
		Telephone application completed by Viking Insurance.	
		For Office use only	Policy No

Payment

Card No								
Visa	Mastercard	Switch	Maestro	Cheque	Card Expiry Date	3 No Security Code	Switch/Maestro Valid From Date	Switch/Maestro Issue No
Please tick box. Cheques payable to Viking Insurance								