

## Application Form for an International Health Insurance for Longterm Sailor

### Policyholder

First name \_\_\_\_\_

Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender  male  female

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Home country \_\_\_\_\_

Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Name of the yacht \_\_\_\_\_

E-mail \_\_\_\_\_

(Please state your e-mail address, so that we can provide you with all information regarding this insurance.)

**BEGIN DATE OF INSURANCE COVER:** \_\_\_\_\_

### Person Insured (if not identical with the policyholder)

First name \_\_\_\_\_

Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender  male  female

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Home country \_\_\_\_\_

Nationality \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Policy Holder**

Name \_\_\_\_\_

**DECLARATION ON THE FOLLOWING DISEASES**

I declare herewith, that I do not suffer or have not suffered from one of these diseases:

- Any form of cancer
- Organ failure
- Any form of organ / tissue transplant
- HIV or other syndromes related to the immune system
- Syndromes in relation to the hematopoietic (blood forming) system
- Coagulation (bleeding) disorders
- Multiple sclerosis
- Cystic fibrosis
- Insulin dependent diabetes
- Chronic hepatitis
- Growth hormone deficiency
- Infertility
- Any other material condition. A material condition is one which requires a period of hospitalisation, recurrent or continuous medical attention. If you have any doubt whether a condition is material you should disclose it.

**IF YOU SUFFER OR HAVE SUFFERED FROM ONE OF THESE DISEASES, PLEASE GIVE FULL DETAILS ON THE FOLLOWING PAGE.**

**DECLARATION:**

To the best of my knowledge the information provided on this application form, whether in my own hand or not, is true and complete. I understand that failure to disclose, or misrepresentation of any pertinent facts may lead to the denial of a claim or cancellation of any policy. I understand and agree that this application and the statements contained herein shall form the basis of the contract issued as a result of this application. I authorise any doctor, who has ever attended me, to provide the Insurer with any information that may be required including prior medical history.

The Insured agrees that Pantaenius will save the personal data under the condition of the Federal Data Protection Act and will give the data to the participating underwriters and re-insurer(s) and that Pantaenius is entitled to change underwriters. Please see the Data Protection Clause for detailed information.

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

\_\_\_\_\_  
Signature Policy Holder

*Please send with original signature to Pantaenius.*

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

\_\_\_\_\_  
Signature Person Insured

*Please send with original signature to Pantaenius.*

**Policy Holder**

Name \_\_\_\_\_

NAME OF DOCTOR

DETAILS OF CONDITION

DATE OF TREATMENT

DETAILS OF TREATMENT

CURRENT STATE OF HEALTH

**DECLARATION:**

To the best of my knowledge the information provided on this application form, whether in my own hand or not, is true and complete. I understand that failure to disclose, or misrepresentation of any pertinent facts may lead to the denial of a claim or cancellation of any policy. I understand and agree that this application and the statements contained herein shall form the basis of the contract issued as a result of this application.

I authorise any doctor, who has ever attended me, to provide the Insurer with any information that may be required including prior medical history.

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**Place/Date**

**Signature Person Insured**

**CONSENT CLAUSE**  
**PURSUANT TO THE FEDERAL DATA PROTECTION ACT**  
**71075/AT/0300**

The purchaser of insurance gives his/her consent for the Insurers contacted by the broker to pass on to Re-Insurers, other Insurers or their professional association such data as may be collected on the application forms or derived from the execution of the contract (payments, insurance claims, changes in risk/policy) that is deemed necessary for the Re-Insurers' assessment of risks and claims. Such consent is given irrespective of whether a contract is concluded and includes permission for appropriate checks on (insurance) contracts applied for elsewhere and for any subsequent applications.

Purchaser of insurance further gives consent for these Insurers, inasmuch as required for the correct processing of his/her insurance affairs, to collect general data on contracts, payments and benefits into joint databases which may be passed on to the brokers.

Data pertaining to health matters may be given only to Re-Insurers and the Insurers of persons; such data may not be passed to brokers unless necessary for the specifics of the contract.

This declaration of consent is valid only if the purchaser of insurance was given suitable opportunity to become acquainted with the contents of the notification on data processing which the Insurers make available for inspection. Any notices are to be directed to the purchaser of insurance via the broker.