**FORMULAIRE DE DECLARATION DU RISQUE**

**ASSURANCE CORPS DE PLAISANCE**

**Le présent formulaire doit être soigneusement rempli et signé par l’assuré. Les déclarations qui y sont consignées serviront de base à l’établissement du contrat.**

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| **I. PROPOSANT** | | | | | | | | |  | | | | | | | | | |
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| I.1. Souscripteur | | | |  | | | | | | | | | | | | | | |
| (Prénom, nom ou raison sociale) | | | | | |  | | | | | | | | | | | | |
| I.2. Adresse | | | |  | | | | | | | | | | | | | | |
| I.3. Assuré | | | |  | | | | | | | | | | | | | | |
| (Prénom, nom ou raison sociale) | | | | | |  | | | | | | | | | | | | |
| I.4. Profession | | | |  | | | | | | | | | | | | | | |
| I.5. N° du registre de commerce | | | | | | | | |  | | | | | | | | | |
| I.6. N° de téléphone | | | |  | | | | | | | | I.7. N° de fax | | | | |  | |
| I.8. Adresse e-mail | | | |  | | | | | | | |  | | | | | |  |
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| **II. EMBARCATION ASSUREE** | | | | | | | | | | | | | | | | | | |
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| **II.1. Caractéristiques de la coque :** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | |
| - Immatriculation | | | | | | |  | | | | | | | | | | | |
| - Marque et type | | | | | | |  | | | | | | | | | | | |
| - Nom | | | | | | |  | | | | | | | | | | | |
| - Longueur | | | | | | |  | | | | | | | | | | | |
| - Largeur | | | | | | |  | | | | | | | | | | | |
| - Hauteur | | | | | | |  | | | | | | | | | | | |
| - Tonnage | | | | | | |  | | | | | | | | | | | |
| - Nombre de places | | | | | | |  | | | | | | | | | | | |
| - Valeur | | | | | | |  | | | | | | | | | | | |
| - Port d’attache | | | | | | |  | | | | | | | | | | | |
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| **II.2. Caractéristiques du(/des) moteur(s) :** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Moteur N° 1 | | | | | |  | | Moteur N° 2 | | | |
| - Marque et type | | | | | | |  | | | | | |  | |  | | | |
| - Matériaux | | | | | | |  | | | | | |  | |  | | | |
| - Année de fabrication | | | | | | |  | | | | | |  | |  | | | |
| - Matricule | | | | | | |  | | | | | |  | |  | | | |
| - Numéro de châssis | | | | | | |  | | | | | |  | |  | | | |
| - Puissance | | | | | | |  | | | | | |  | |  | | | |
| - Valeur | | | | | | |  | | | | | |  | |  | | | |
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| **II.3. Caractéristiques des biens et des effets personnels :** | | | | | | | | | | | | | | | | | | |
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| **II.4. Périodes de garanties demandées :** | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| - Période de navigation | | | | | | |  | | | | | | | | | | | |
| - Séjour à flot | | | | | | |  | | | | | | | | | | | |
| - Séjour à terre | | | | | | |  | | | | | | | | | | | |
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| **II.5. Garanties :** | | | | | | | | | | | | | | | | | |
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| **Types de garanties** | | | | | | | | | | | | | | **Valeurs** | | | |
|  | Pertes et avaries, vol total | | | | | | | | | | | | |  | | | |
|  | Responsabilité civile | | | | | | | | | | | | |  | | | |
|  | Ski nautique | | | | | | | | | | | | |  | | | |
|  | Banane | | | | | | | | | | | | |  | | | |
|  | Parachute | | | | | | | | | | | | |  | | | |
|  | Vol partiel des accessoires | | | | | | | | | | | | |  | | | |
|  | Vol du moteur amovible | | | | | | | | | | | | |  | | | |
|  | Dommage et vol des biens et des effets personnels | | | | | | | | | | | | |  | | | |
|  | Transport terrestre | | | | | | | | | | | | |  | | | |
|  | Individuelle marine | | | | | | | | | | | | |  | | | |
|  | Si oui, veuillez indiquer | | | | | | | | | | | | |  | | | |
|  | - le nombre de personnes | | | | | | | | | | | | |  | | | |
|  | - le capital décès par personne | | | | | | | | | | | | |  | | | |
|  | - le capital IPP (invalidité partielle et permanente) | | | | | | | | | | | | |  | | | |
|  | - les frais médicaux par personne | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | |  | | | |
| **II.6. Usage :** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
|  | Usage personnel | | | | | | | | | | | | | | | | |
|  | Usage commercial | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | |  | | | | | |
| **III. AUTRES RENSEIGNEMENTS** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Est-ce que l’unité a enregistré des sinistres durant les cinq dernières années ?  oui ;  non | | | | | | | | | | | | | | | | | |
| Si oui, veuillez indiquer : | | | | | | | | | | | | | | | | | |
| - la date du sinistre | | | | | |  | | | | | | | | | | | |
| - sa cause | | | | | |  | | | | | | | | | | | |
| - son importance | | | | | |  | | | | | | | | | | | |

**Je soussigné, certifie que les réponses ci-dessus fournies sont, à ma connaissance, exactes.**

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| Fait à | |  | | | , le |  |
| Nom : |  | | Prénom : |  | | |

**Signature et cachet**