Settimana delle Bocche
Porto Cervo, 26th April – 1st May 2027

INSURANCE CERTIFICATION

Italian Sailing Federation Regulation Requirement

Document valid for the Settimana della Bocche.

The form must be sent by e-mail to the YCCS Race Office, to secretariat@yccs.it.

VERY IMPORTANT: TO BE COMPLETED AND TO STAMP BY INSURANCE COMPANY

As per pre-NoR / NoR and the Italian Sailing Federation (FIV), the OA requests from each participating boat a declaration of the boat's insurance company stating that the boat has a **valid certificate of insurance** including **third party cover** with a **minimum value of Euro 1,500,000.00 per accident**, including cover for racing and taking into account the value of the boats racing and the measure of damages likely to arise in the event of an accident. The responsibility to hold adequate insurance cover for Third Liability and Third-Party Insurance (Property and Persons) is to the owners or the skippers alone. The OA is not responsible for verifying the status or validity of insurance certificates.

Support boats: shall register on the dedicated section of the entry form and collect the support boat identification flag at the race office during registration. The support boat identification flag shall be displayed throughout the period starting one hour after the completion of registration and ending one hour after the finish of the last race of the regatta. The OA requests from each support boat a declaration of the boat's insurance company stating that the boat has a valid certificate of insurance including third party cover with a minimum value of Euro 1,500,000.00.

The Contractor / insured: _____

Name of the boat insured: _____

Sail number: _____

Name of the Insurance Company: _____

Insurance Policy No.: _____

	YES	NO
Valid for all the duration of the event as per NoR:	☐	☐
The coverage value of the insurance is not less than € 1.500.000.00:	☐	☐
The insurance includes the coverage during races/regattas which will take place in Italians waters/territory:	☐	☐
*The **Support Boat** (if any), the tender/rib that will follow the entered boat in the races course during the above event is included in the insurance.	☐	☐

*** NOTE:** ***If not included*** *in the above insurance a dedicated form needs to be completed and sent to the O.A.*

Data / Date

_____

The Insurance Company, stamp and signature

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