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## YACHT & PLEASURE CRAFT PROPOSAL FORM

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Before completing this proposal form please note specially that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

Remember to sign and date the Declaration at the end of the form. Please write in block capitals or tick the boxes as appropriate.

### 1. Person applying for Insurance

(a) Name in full:

(b) Date of Birth:

(c) Occupation:

(d) Address:

(e) Name and Address of Mortgagee or other insured as applicable:

(f) Have you or any member of your family normally residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences?

YES	NO
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(g) Have you or any person in (f) above suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs? If 'Yes' to either question give details.

YES	NO
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### 2. Boat handling experience and insurance record

(a) What are your special qualifications for Boat handling? E.g. Yacht Masters Certificate

(b) Number of years as owner or crew of this type of Craft.

(c) What accidents, incidents, losses or insurance claims have happened during the past five years in connection with any vessel you have sailed or owned?

(d) Have you previously insured any vessel?  
If 'Yes' state which insurer

YES	NO
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e) Have you ever had an insurance on your boat?

- (i) cancelled?
- (ii) refused at renewal?
- (iii) renewed only at increased terms?

If so state circumstances

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3. Period of Insurance - 12 months from

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4. Berth

Vessel will be based

Ashore when not in use?

Afloat on moorings?

At:

(If marina, state name. If not a marina, give details of type of mooring and precise location.)

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5. Do you require the vessel to be insured during any inland transits?

YES	NO
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6. How and where will the vessel be protected in case of hurricane warning?

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7. Laid up and out of commission

Will vessel be laid up ashore out of commission for part of the year?

YES	NO
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Please show dates:

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Give details of location, where vessel will be stored whilst laid up and care taking arrangements.

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8. Navigating Limits

State cruising range required

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9. Use of Vessel

a) Private pleasure only?

YES	NO
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If 'No' state intended use

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b) Do you have a full-time professional Master?

YES	NO
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If 'Yes' please give details of his sailings experience with this type of boat and with this particular boat.

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c) Will any other person be allowed to be in charge?

YES	NO
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If 'Yes' give details

d) Will the vessel be sailed single-handed?

YES	NO
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e) Will vessel be used for waterskiing, aquaplaning or any similar sport?

YES	NO
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If 'Yes' give details (Parent vessel or tender)

f) Will vessel be involved in racing?

YES	NO
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If 'Yes' give details

#### 10. Hull Details

Name of Vessel

Type/Class

Manufacturer

Serial No. or Reg. No.

Year Built

Length Overall

Beam

Material of Hull

Max. designed speed with present engine(s)

**Main Engine Details**

Type – Inboard / Outboard / Single / Twin Make/Mode

Engine Serial No.(s)

Horsepower of each

Fuel Used

Year of Make

If inboard engine(s), are they the original engines installed by the builder of the Hull?

YES	NO
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If 'No' attach note giving details.

Has the vessel proposed for insurance been subject to:

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(a) Conversion? (b) modification? (c) amateur construction?

YES	NO
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If 'Yes' give full details

What system is used for:

Lighting

Cooking

Heating

Details of Fire Extinguisher System

Has the vessel been surveyed by a qualified surveyor?

YES	NO
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If 'Yes' please provide copy of report.

**11. Details of Dinghy/Tender to parent vessel**

Manufacturer

Length

Manufacturers' ID/Serial No

Year built

ID/Serial No

**12. Details of any auxiliary outboard motors – not already shown above**

**13. Details of Trailer**

**Manufacturer**

**ID/Serial No.**

**Year built**

**14. Schedule of Insurance**

	Value to be Insured	Date Purchased	Purchase Price
Hull & Equipment incl. Inboard Engine (if any)			
Outboard Motor(s) to Parent Vessel			
Special Equipment – attach valued list			
Dinghy/Tender to Parent Vessel  NB. Must be permanently marked with name of Parent Vessel			
Outboard Motor(s) to Dinghy/Tender			
Trailer			
Personal Effects (Max. \$500 insured unless higher figure requested)		Not Applicable	Not Applicable
<b>Total to be Insured</b>		Not Applicable	Not Applicable

**15. Liability to Third Parties**

Please state limit of Indemnity required

Do you require cover in respect of liability to and of water skiers or persons engaged in similar water sports from your boat? (Restricted limit may apply)

YES	NO
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**16. Medical Payments Limit**

Please state higher limit if required.

(\$2,000. applies unless otherwise agreed)

## Declaration and Signature

On behalf of all proposed insureds, I/we declare and agree that:

- a) all information provided in this proposal and attachments is true and complete in every respect and that no material facts remain undisclosed;
- b) it is understood that the insurer(s) require this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/ us to have access to and request the correction of any information retained;
- c) the insurer(s) is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- d) the insurer(s) is authorised to check details against the insurance claims register and to place information on the insurance claims register which other insurers can access;
- e) the insurer(s) is authorised to obtain from other parties any information which may be relevant to acceptance of this risk;
- f) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by the insurer(s). However, if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance.

Signature:

Company Stamp:

Date: