

PLEASE COMPLETE IN BLOCK CAPITALS, CHECK THE APPROPRIATE BOXES CLEARLY AND INITIAL ANY ALTERATIONS

Owners Full Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Member of \_\_\_\_\_ Yacht Club

Is the vessel the subject of a Loan agreement? \_\_\_\_\_  
If so, with whom? \_\_\_\_\_

## PARTICULARS OF HULL, ETC.

Please answer all questions fully, if insufficient space please attach a separate sheet of paper.

Name of Vessel	Type of Class	Overall Length	Extreme Breadth	Draft

Material of Hull	Propulsion method	Date Purchased	Price Paid	Date of Last Survey

Is she an open boat? Yes ☐ No ☐

Was the vessel professionally built? Yes ☐ No ☐

Name of Builders \_\_\_\_\_ Date of Build

Is the vessel a conversion? Yes ☐ No ☐

If 'Yes' what was the original type and date converted? \_\_\_\_\_

Was the conversion professional? Yes ☐ No ☐

What system of lighting is used? \_\_\_\_\_

What systems of cooking and heating are used? \_\_\_\_\_

Is bottle gas used? Yes ☐ No ☐

If 'Yes' are all connections by metal tubing and unions or other materials approved for marine use by gas suppliers? Yes ☐ No ☐

Are there any gas appliances with continuously burning gas? Yes ☐ No ☐

If 'Yes' state the height of jet above cabin sole \_\_\_\_\_

Number of Fire Extinguishers	Type of Fire Extinguishers (hand, automatic or remote control)	Type of Extinguishing Agent (e.g., CO <sub>2</sub> , dry powder, C.T.C.)

Is special equipment such as sextants, binoculars, portable radios, etc. carried on board the vessel? Yes ☐ No ☐

If 'Yes' please specify \_\_\_\_\_

## PARTICULARS OF MACHINERY

Engine type: Marine ☐ Outboard ☐ Inboard/Outboard ☐

Separate Value (each engine) \_\_\_\_\_ Twin Screw ☐ Single Screw ☐

Horsepower (each engine) \_\_\_\_\_

Makers	Date of Build	Max. Designed Speed (knots)	Main Machinery	Fuel Used	Auxiliary Machinery

## PARTICULARS OF DINGHY, ETC.

Dinghy Length	Type	Outboard Motor Make (for dinghy)	Material	Max. Designed Speed (knots)	Horsepower

## OTHER PARTICULARS

In which waters will the vessel be cruising?

Where and how is the vessel moored when in commission?

Where will the vessel be laid up when out of commission?  ashore/afloat

From  To

From  To

## EXPERIENCE OF OWNER & USE OF VESSEL

How many years experience have you had in handling: craft of this description  any other craft? (please state type)

Do you permit others to navigate your vessel in your absence? Yes ☐ No ☐

If 'Yes' what experience have they had

Is vessel to be used solely for your own private pleasure? Yes ☐ No ☐

If 'No' please give full details of commercial use

Do you hold a Pilot's License? Yes ☐ No ☐

If 'Yes' give date, number and issued by

Have any accidents or losses occurred during the last 5 years in connection with any vessel owned or sailed by you? Yes ☐ No ☐

If 'Yes' please give details and costs

### Has any insurer ever:

a) declined your proposal? Yes ☐ No ☐

b) refused renewal of your policy or increased the premium? Yes ☐ No ☐

c) imposed special conditions? Yes ☐ No ☐

If 'Yes' give details

Name of present Insurers  Expiry of Policy  D / M / Y

## VALUES TO BE INSURED

Hull & Materials	Engines/Outboard Motors	Outboard Motor (for dinghy)	Dinghy	Special Equipment	Trailer	Personal Effects	Total Insured Value
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

## LIMIT OF LIABILITY REQUIRED

For vessels used for private pleasure purposes only \$

### For vessels used for commercial purposes only

For third party liabilities \$  For passenger liabilities \$  Maximum no. of passengers carried

## EXTENSIONS

Do you wish to cover legal liability to and of water skiers operating with your vessel? Yes ☐ No ☐

Do you wish to be covered for damage to sails, masts, spars, standing and running rigging whilst racing? Yes ☐ No ☐

If 'Yes' state full replacement cost \$

Do you wish to be covered for damage to the vessel whilst in transit by road? Yes ☐ No ☐

If 'Yes' please give nature and frequency of transits

Do you wish to bear an increased excess? (standard excess 1% of insured value) Yes ☐ No ☐

If 'Yes' state amount \$

## DECLARATION BEFORE SIGNING THE DECLARATION, PLEASE CHECK YOUR ANSWERS CAREFULLY, PARTICULARLY IF THIS PROPOSAL FORM IS NOT COMPLETED IN YOUR OWN HAND.

I declare that to the best of my knowledge and belief, the answers above are true and all material factors affecting the assessment of the risk have been disclosed. I agree that this Proposal is for insurance under the normal terms and conditions of the Insurer's policy and shall be incorporated in and form the basis of the insurance contract. I undertake to advise the Company of any alteration to the vessel and of my intentions regarding its use and to exercise all ordinary and reasonable precautions for the safety of the Property.

Signature of Proposer

Date

INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THIS PROPOSAL FORM AND A COVER NOTE OR CERTIFICATE HAS BEEN ISSUED. THE INSURERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL FORM.