

YACHT & PLEASURE CRAFT PROPOSAL FORM

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.

A specimen policy is available on request. 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 Proposer

(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

(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?

Yes No

If 'Yes' to either question give details.

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?

Yes No

If 'Yes' state which insurer

(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

3. **Period of Insurance** - 12 months from

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.

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

Yes No

6. **How and where will the vessel be protected in case of hurricane warning?**

7. **Laid up and out of commission**

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

Yes No

Please show dates:-

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

8. **Navigating Limits**

State cruising range required

9. **Use of Vessel**

(a) Private pleasure only?

Yes No

If 'No' state intended use

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

Yes No

If 'Yes' please give details of his sailings experience with this type of boat and with this particular boat.

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

Yes No

If 'Yes' give details

(d) Will the vessel be sailed single-handed? Yes No

(e) Will vessel be used for waterskiing, aquaplaning or any similar sport? Yes No
If 'Yes' give details (Parent vessel or tender)

(f) Will vessel be involved in racing? Yes No
If 'Yes' give details

10. Hull Details

Main Engine Details

Name of Vessel	<input type="text"/>	Type – Inboard / Outboard / Single / Twin	
Type/Class	<input type="text"/>	Make/Model	<input type="text"/>
Manufacturer	<input type="text"/>	Engine Serial No.(s)	<input type="text"/>
Serial No. or Reg. No.	<input type="text"/>	Horsepower of each	<input type="text"/>
Year Built	<input type="text"/>	Fuel Used	<input type="text"/>
Length Overall	<input type="text"/>	Beam	<input type="text"/>
Material of Hull	<input type="text"/>	Year of Make	<input type="text"/>
Max. designed speed with present engine(s)	<input type="text"/>	If inboard engine(s), are they the original engines installed by the builder of the Hull? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' attach note giving details.	

Has the vessel proposed for insurance been subject to:-

(a) conversion? (b) modification? (c) amateur construction? Yes No

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 If 'Yes' please provide copy of report.

11. Details of Dinghy/Tender to parent vessel

Manufacturer	<input type="text"/>	Year built	<input type="text"/>
Length	<input type="text"/>	ID/Serial No.	<input type="text"/>
Manufacturers' ID/Serial No.	<input type="text"/>		

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

13. Details of Trailer

Manufacturer

Year built

ID/Serial No.

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
Total to be Insured		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

16. Medical Payments Limit

Please state higher limit if required.
(\$2,000. applies unless otherwise agreed)

17. Racing Risk Extension (if required for sailing vessels)

Please state total new replacement value of sails, masts, spars, standing and running rigging.

18. Do you wish to bear a voluntary deductible in addition to any compulsory deductible required by the Company?

Yes No

If so, please indicate the additional amount required.

19. Any other information likely to influence the Company in regard to this proposal.

Declaration

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Company in regard to this proposal. Signing this form does not bind the Proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Company until this proposal has been accepted.

Signature of Proposer.....**Date**.....