

BOAT INSURANCE PROPOSAL FORM



Please complete each question on this Proposal Form fully and accurately

GENERAL DETAILS					
Cover Note Number					
Broker / Agent	Ph No:		Fax No:		
Insured Name(s)					
Address					Postcode
Email Address					
Contact Details	Work No	Home No		Mobile	
Period of Insurance	From 4.00pm			To 4.00pm	
Interested Parties (Bank etc if applicable)					
DETAILS OF THE BOAT / MOTOR(S)					
	Make/Model/Construction	Year Built	Registration/Sail, Hull or Serial No.	Hull Length HP of Motor(s)	Sum Insured
Hull					\$
Motor 1					\$
Motor 2					\$
Trailer					\$
Boat Name			Masts, Spars, Rigging, Sails		\$
Date Purchased			Equipment & Accessories (see over)		\$
Maximum Speed of Boat			Total Sum Insured		\$
What was the total price paid for the hull, motor(s), trailer, equipment and accessories?					\$
If the total amount paid for everything is different from the agreed value nominated, please explain why.					
From what material is your boat constructed?					
Does the boat exceed 50 knots/95kph/60mph? No <input type="checkbox"/> Yes <input type="checkbox"/> Maximum Speed					
Where is boat stored/moored?			How is boat stored/moored?		
Provide details of modifications to boat and/or motor(s)					
If Yacht – details of rigging Wire <input type="checkbox"/> Rod <input type="checkbox"/> Date of last inspection Age					
Number of Sails Materials					
BOAT USAGE					
Will the boat be used for private purposes only? No <input type="checkbox"/> Yes <input type="checkbox"/>					
If no, please provide details of use					
Has your boat been surveyed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
If yes, date the boat was last surveyed				Please enclose a copy of survey	
What are the geographical limits in which you will be using your boat?					
YACHT RACES – CLUB EVENTS (FOR YACHTS ONLY)					
Will you be using the boat in races organised by a Club or Association? No <input type="checkbox"/> Yes <input type="checkbox"/>					
If yes, do you require Yacht Racing Risks Extension cover? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Note: Race MUST be organised by a Club or Association. Also, cover for Ocean going races organised by a Club or Associated are limited to within 200 nautical miles of home port or where boat was last launched. If you require longer nautical mile limit, please contact our office.					

THIRD PARTY LEGAL LIABILITY			
The standard cover provided under this Policy for liability to Third Parties is \$5,000,000. Do you want to alter this in any way.			
	No	<input type="checkbox"/>	Yes <input type="checkbox"/> New Limit \$
Do you want to include Water Skiers liability?			
	No	<input type="checkbox"/>	Yes <input type="checkbox"/>
EQUIPMENT AND ACCESSORIES			
(Note: No cover for any sporting and/or fishing equipment unless specially noted and agreed)			
Item	Make	Age	Agreed Value
			\$
			\$
			\$
			\$
Equipment & Accessories Total			\$
YOUR DUTY OF DISCLOSURE			
Persons Insured			
The Policy will only cover the proposer(s) and no other person or persons			
Your Duty to Disclose Facts (Duty of Disclosure)			
Before you enter into a contract of general insurance with an Insurer, you have a duty, under the <i>Insurance Contracts Act 1984</i> , to disclose to the Insurer every matter that you know or could be reasonably expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require the disclosure of a matter:			
<ul style="list-style-type: none"> • that diminishes the risk to be undertaken by the Insurer; • that the Insurer knows or, in the ordinary course of his business, ought to know; • as to which compliance with your duty is waived by the Insurer. • that is of common knowledge; 			
Non-Disclosure			
If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.			
GENERAL INFORMATION			
Have you, the proposer(s), in the past 5 years:			
• had any insurances cancelled, refused or had special conditions imposed?			No <input type="checkbox"/> Yes <input type="checkbox"/>
• made any boat insurance claims?			No <input type="checkbox"/> Yes <input type="checkbox"/>
• been charged or convicted with any offence?			No <input type="checkbox"/> Yes <input type="checkbox"/>
If the answer is yes, to any of these questions, please provide full details:			
Who currently insures your boat?			
Is there any other information you wish to tell us or think we should know?			No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please provide details:			
DECLARATION			
I / We acknowledge that as the proposer(s) I / We:			
1. must act with the utmost good faith in respect of any matter relating to this insurance			
2. have a duty of disclosure as stated in this Proposal Form			
3. have provided the correct information on previous losses and insurance history			
4. confirm that all answers and statements in this Proposal are correct and that no information has been withheld which may affect the Insurers decision to accept this Proposal or the terms of the proposed Policy.			
Signature of Proposer(s):		Date	