



Located in the Opua Marina Building
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Marine Insurance Brokers - Boat Brokers - Marina Berth Sales

\$5 MILLION MARINE THIRD PARTY LIABILITY INSURANCE

Applicants Full Name(s):			Date of Birth: / /		
Postal Address:					
Phone # Home:		Mobile:		Email:	
Name of Owner (If not the insured):				Date of Birth: / /	
Period of Insurance: 12 mth <input type="checkbox"/> 6 mth <input type="checkbox"/> or 1 mth <input type="checkbox"/>			From: / / to / /		
Boat Name:		Model:		Year Built:	
				Boating Experience: years	
Use of Vessel: Private & Pleasure <input type="checkbox"/> Charter <input type="checkbox"/> Racing <input type="checkbox"/> Other <input type="checkbox"/>				Purchase Price:	
Type of Boat: Launch <input type="checkbox"/> Yacht <input type="checkbox"/>		Hull Type: Mono <input type="checkbox"/> Catamaran <input type="checkbox"/> Trimaran <input type="checkbox"/>			
		Year of Purchase:			
Construction: GRP <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminium <input type="checkbox"/> Ferrocement <input type="checkbox"/>				Professionally Built? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length: Ft/Mtrs		Marina Berth <input type="checkbox"/> Piles <input type="checkbox"/> Swing <input type="checkbox"/>		Location: Max Speed 30 Kts	
Engine (Make & HP)			Flag (if US Flagged, which State):		

Terms & Conditions:

- 1) When not in use, the vessel must be moored in a marina or on a certified and approved mooring.
- 2) Prior to haulout you must complete & return attached questionnaire. Cover excludes structural & hot work & rig repairs.
- 3) Ferrocement vessels over 20 years old subject to satisfactory Marina Shop condition report.
- 4) Any vessel over 40 years old will require a satisfactory Marina Shop condition report.
- 5) Navigational limits NZ Inland & Coastal waters to 100NM

Applicants Information (Please refer to Duty of Disclosure)

Have you, or any other person who may be covered by this insurance policy:

(a) Had any accidents, claims or losses applicable to this or any other vessel during the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Ever had any insurance declined, cancelled, renewal refused or special terms applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Been declared bankrupt, insolvent or charged with or found guilty of any criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Is there any other information that is likely to affect the acceptance of this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "YES" to any of the questions, please provide full details on back. (include dates & amount paid)	
Previous Insurer:	From: To:

Duty of Disclosure:

Before you enter into a contract of insurance you have a duty, at law, to disclose to your insurer all material facts, whether or not the subject of a specific question above. You must do this when you apply for a policy, renew your policy or when you change or reinstate your policy. A material fact is one which may influence a prudent Insurer in deciding whether or not to insure you, and if so, at what terms and conditions and for what premium. Non-disclosure or misrepresentation of material fact may result in the insurance being void from the date of inception and/or the insurer rejecting any claim under it. If you are in any doubt about whether any facts would be considered material, **DISCLOSE THEM.**

Declaration by Applicant(s) I/we hereby declare that to the best of our knowledge and belief:

- The information provided herein is true and correct in every respect and I/we have not withheld any material information which would influence the decision of the insurer accepting my application for boat insurance.
- I/we agree that this application form will be the basis of the contract of the insurance should the application be accepted.
- I/we authorise the Insurer to collect or disclose any personal information relating to this insurance from/to any Insurer or Insurance reference service.
- I/we further declare and agree that if the statement and the particulars above have been completed in the handwriting of any other person other than the undersigned, such person shall be deemed to be the agent of the proposer for the purpose of completion of this document.

SIGNATURE(S)

PRINT NAME(S)

DATE

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