

The Marina Shop

Located in the Opuia Marina Building

PO Box 94 - Opuia 0241 - Bay of Islands - New Zealand

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Marine Insurance Brokers - Boat Brokers - Marina Berth Sales

MARINE INSURANCE PROPOSAL

APPLICANT

APPLICANTS FULL NAME(S):	DATE OF BIRTH: / /	
POSTAL ADDRESS:		
PHONE - HOME:	WORK:	MOBILE:
EMAIL:	SAILMAIL:	
NAME OF OWNER: (if not the Insured)	DATE OF BIRTH: / /	
Is the vessel subject to finance? (If so, please state amount of loan and name of finance company):		
PERIOD OF INSURANCE:	12 months from / /	To / /

APPLICANTS INFORMATION (Please also refer to Duty of Disclosure)

Have you, or any 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 year?	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 above questions, please provide full details. (if applicable include dates & amount paid.)	
PREVIOUS INSURER:	From: to:

EXPERIENCE & QUALIFICATIONS (Of those who may be in control of the vessel)

NAME: (Skipper first)	DOB	EXPERIENCE & TYPE OF VESSEL	QUALIFICATIONS

VESSEL DETAILS

BOAT NAME:	MODEL:	DESIGNER:
YEAR BUILT:	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"/>	
BUILDER:	CONSTRUCTION:	PROFESSIONALLY BUILT? Yes <input type="checkbox"/> No <input type="checkbox"/>
LENGTH:	BEAM:	DRAFT: Feet <input type="checkbox"/> Mts <input type="checkbox"/> DISPLACEMENT: Lbs <input type="checkbox"/> Kgs <input type="checkbox"/> Tons <input type="checkbox"/>
MAX SPEED:	Knots	FLAG: PORT OF REGISTRY:
DATE PURCHASED: / /	PRICE PAID: (State Currency)	ALTERATIONS VALUE:
RIG: Masthead <input type="checkbox"/> Fractional <input type="checkbox"/>	ROD RIGGING: <input type="checkbox"/> MAST MATERIAL:	NO. OF SPREADERS:
SLOOP <input type="checkbox"/> KETCH <input type="checkbox"/> SCHOONER <input type="checkbox"/> OTHER <input type="checkbox"/> (Details)		
Date when Rig was last checked / /	By whom?	
Does the vessel have a current professional survey? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of survey: / /		
If yes, please include a copy of the survey with this proposal.		

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ENGINE DETAILS

MAKE:	MODEL:	INBOARD <input type="checkbox"/> OUTBOARD <input type="checkbox"/>
NO OF ENGINES/HP EACH	YEAR BUILT	PROFESSIONALLY INSTALLED: Yes <input type="checkbox"/> No <input type="checkbox"/>
FUEL TYPE: DIESEL <input type="checkbox"/> PETROL <input type="checkbox"/> PROPULSION: SHAFT SAILDRIVE STERNLEG OTHER <input type="checkbox"/>		

MOORING

TYPE OF MOORING : MARINA <input type="checkbox"/> PILES <input type="checkbox"/> SWING <input type="checkbox"/> LOCATION OF MOORING:	
When was the mooring last serviced? / /	By whom?
How frequently is the boat slipped for inspection?	Inspected at mooring?

VALUES TO BE INSURED

(Please specify currency)

Yacht: Hull, Engine, Mast, Spars & Rigging & equipment	\$	Accessories
Launch Hull & Engine and equipment	\$	Fishing Gear
Dinghy: Make Year Lgth	\$	Dive Gear
O/board: Make Year HP	\$	Bicycle
Safety Equipment/Liferaft	\$	Kayak
Accessories(From column at right)	\$	
TOTAL SUM INSURED: (Current Market Value)	\$	TOTAL ACCESSORIES
		\$

GENERAL

Is the boat fitted with gas appliances? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is gas locker vented? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is gas detector fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the boat fitted with fire protection equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> Provide details:		
Do you wish to cover the dinghy/tender outboard against dropping off and falling overboard? Yes <input type="checkbox"/> No <input type="checkbox"/>		

USE OF VESSEL

PRIVATE & PLEASURE <input type="checkbox"/>	SKIPPERED CHARTERS <input type="checkbox"/>	BAREBOAT CHARTERS <input type="checkbox"/>
Details of charter use:		Number of passengers: Day O/night
Do you live aboard the Vessel? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you require cover while racing? Yes <input type="checkbox"/> No <input type="checkbox"/> Club Racing <input type="checkbox"/> Full Competitive <input type="checkbox"/> (Please provide race Details)		
Navigation Limits required: NZ Inland & Coastal Waters to 200 NM <input type="checkbox"/> Australian Inland & Coastal Water to 200 NM <input type="checkbox"/>		

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 in accepting my application form for boat insurance.
- The values proposed for insurance represent as near as possible the current market value.
- I/we agree that this application form will be the basis of the contract of the insurance should the application form 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
		/ /
		/ /