



The Marina Shop



OPUA WHARF - BAY OF ISLANDS - NEW ZEALAND
 POST CENTRE - OPUA - BAY OF ISLANDS - NZ
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MARINE INSURANCE PROPOSAL

APPLICANT

APPLICANTS FULL NAME(S):		DATE OF BIRTH: / /	
POSTAL ADDRESS:			
PHONE - HOME:	WORK:	FAX:	
EMAIL:	MOBILE:		
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 and 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"/>	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.		

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 <input type="checkbox"/> SAILDRIVE <input type="checkbox"/> STERNLEG <input type="checkbox"/> OTHER <input type="checkbox"/>	

