



# Herbert Insurance Group Limited "BLUE WATER" Insurance Proposal

SECTION A – THE INSURED		
NAME		
POSTAL ADDRESS		
PHONE No.	FAX No.	
DATE OF BIRTH	OCCUPATION	WORK PH.

GENERAL QUESTIONS AND DECLARATION	
<b>IMPORTANT: Do not complete this area until after you have completed the section(s) for the insurance you require.</b>	
<p>These questions and the Declaration below apply to ALL of the insurances you have applied for in this application. Each question must be answered on behalf of You (the person applying for this insurance) and also your spouse, family members or any other person who may be covered under the insurance which is being applied for.</p>	
Have You made a claim on any type of insurance in the past 5 years?	<b>Yes / No</b>
Has any insurance company ever refused to insure You?	<b>Yes / No</b>
Has any insurance company ever cancelled, refused to renew, or Imposed special conditions on any insurance held by You?	<b>Yes / No</b>
Have You ever been found guilty of any criminal offence?	<b>Yes / No</b>
Is there any other information which is likely to affect the Acceptance of this application?	<b>Yes / No</b>

Suite 2601, Southport Central, 5 Lawson St., Southport · Queensland · Australia  
PO Box 7904 · GCMC · Qld · 9726 Telephone (617) 5591 6100 Fax (617) 5503 0220  
AFS 310443 ABN 811 231 407 14 ARBN 123 140 714

Level 4 · 1 Queen Street · PO Box 4040 · Auckland · New Zealand  
Freephone: 0800 40 40 41 · Telephone: (64 9) 336 7681 · Fax: (64 9) 379 9767 Email: info@herbertmarine.co.nz  
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**GENERAL QUESTIONS AND DECLARATION - CONTINUED**

If you have answered "YES" to any of the previous questions, please give full details below.

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**PURSUANT TO THE AUSTRALIAN PRIVACY ACT 1988**

**PURSUANT TO THE PRIVACY ACT 1993**

***The following is brought to your attention:-***

- a) This proposal collects personal information about You;
- b) The information is collected to evaluate the insurance You seek;
- c) The intended recipient of the information is Certain Syndicates at Lloyd's of London;
- d) The information is being collected and held by Herbert Insurance Limited of Australia and New Zealand;
- e) The collection of this information is required pursuant to the common law duty to disclose all material facts to the insurance sought and is mandatory;
- f) The failure to provide this information may result in Your application for insurance being declined, or Your insurance being void from the beginning;
- g) You have rights of access to, and correction of this information subject to the provisions of the Australian Privacy Act 1988 and/or New Zealand Privacy Act 1993.
- h) If you would like a copy of our Privacy Policy, or wish to seek access to or correct the personal information we collected or disclosed about you, please telephone, email or access our website [www.herbertinsurancegroup.com.au](http://www.herbertinsurancegroup.com.au) .

**DECLARATION:** I/We the applicant(s) understand and agree that

- 1. This application will be the basis of any insurance contract issued by the Insurer, and form part of that contract.
- 2. All answers and information given are true and correct.
- 3. No information which is likely to affect the acceptance of this application by the Insurer has been withheld or misrepresented.
- 4. If this application is signed by any person other than the applicant(s), that person is acting as the agent of the applicant(s) and not of the Insurer.

Signature

Date

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**SECTION B – VOYAGE**

1. Name of Event/Race (if any) \_\_\_\_\_

2. State fully the countries or  
Island Groups in order of  
landfall which you propose to  
sail to: \_\_\_\_\_  
NB – If you have no set itinerary  
please define the area in which you  
will sail by latitude & longitude. \_\_\_\_\_

3. Departure Date: \_\_\_\_\_ From: \_\_\_\_\_

4. Return or Voyage Completion Date: \_\_\_\_\_  
(For cruises exceeding 12 months coverage is arranged on an annual basis).

5. Bluewater cover commences from the time of Customs clearance or from the time when  
legal customs clearance is required on departure from Australia or New Zealand, until  
Customs Clearance on return to Australia or New Zealand.

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## SECTION C – VESSEL

1. Name of Vessel \_\_\_\_\_ Previous Name \_\_\_\_\_
  - b) Registration No: \_\_\_\_\_
  - c) Tonnage \_\_\_\_\_
  - d) Advise displacement of vessel in lbs \_\_\_\_\_
  - e) Weight of External Ballast \_\_\_\_\_
  - f) Weight of Internal Ballast \_\_\_\_\_
  - g) Is this vessel fitted with centreboard or lifting keel? \_\_\_\_\_
  - h) Any self-steering fitted – Advise type: \_\_\_\_\_
  
2. Advise average construction thickness of vessel at:
  - a) Garboards/Hull \_\_\_\_\_
  - b) Topsides \_\_\_\_\_
  - c) Deck \_\_\_\_\_
  - d) Cabin Sides and Top \_\_\_\_\_
  
3. Additional vessel information:  
Year built \_\_\_\_\_ Built of \_\_\_\_\_ By \_\_\_\_\_  
Type: Yacht/Launch/Catamaran/Trimaran/Other \_\_\_\_\_  
Design: \_\_\_\_\_  
Length \_\_\_\_\_ Beam \_\_\_\_\_ Rig \_\_\_\_\_ Masts \_\_\_\_\_ Draft \_\_\_\_\_  
Arrangement of Superstructure \_\_\_\_\_  
Colour-Hull \_\_\_\_\_ Deck \_\_\_\_\_ Masts \_\_\_\_\_  
Superstructure \_\_\_\_\_ Sails \_\_\_\_\_  
Any distinguishing features: (i.e. Spinnaker colour layout)  
\_\_\_\_\_  
\_\_\_\_\_  
Type of Bilge or other pumps \_\_\_\_\_  
Radio equipment, name & type of set \_\_\_\_\_  
Frequencies \_\_\_\_\_ Call sign \_\_\_\_\_  
Proposed radio watch schedule \_\_\_\_\_  
Emergency set – name and type \_\_\_\_\_  
Engines – number and type \_\_\_\_\_ Name of maker \_\_\_\_\_  
H.P. \_\_\_\_\_ Last overhaul \_\_\_\_\_  
Fuel \_\_\_\_\_ litres. Consumption \_\_\_\_\_ litre/hr at \_\_\_\_\_ knots  
State type of construction of Fuel Pipes \_\_\_\_\_  
Fuel Tanks \_\_\_\_\_ Store Lines \_\_\_\_\_

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**SECTION C – VESSEL CONTINUED**

4. Other Navigational Equipment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Emergency Equipment

Fire Extinguishers carried - Type & No \_\_\_\_\_  
Last Serviced \_\_\_\_\_  
Liferaft – make and capacity \_\_\_\_\_  
Boat/Dinghy (material, colour, size) \_\_\_\_\_  
  
Radar reflector \_\_\_\_\_  
Lifebuoys \_\_\_\_\_  
Emergency position indicating radio beacon – make and operating frequency \_\_\_\_\_  
\_\_\_\_\_

6. Advise brief details of previous blue-water racing/cruising undertaken by this vessel

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. a) Port of Registry \_\_\_\_\_ Flag \_\_\_\_\_  
b) When was the vessel last surveyed? \_\_\_\_\_  
c) Please name surveyor \_\_\_\_\_  
d) Type of survey \_\_\_\_\_

Copy of Survey Report must be Attached to this questionnaire

e) Has the Vessel Obtained Maritime Safety Authority Certification for Pleasurecraft

Departing overseas or Category 1 Certificate Yes  No

If Yes, Please Supply a copy

8. If stock design please advise brief details of blue-water cruising undertaken by Similar vessels. \_\_\_\_\_

SUM INSURED	
HULL	\$
MASTS, SPARS, RIGGING & SAILS	\$
MACHINERY	\$
VESSELS GEAR/PERSONAL EFFECTS	\$
DINGHY	\$
OUTBOARD	\$
<b>TOTAL SUM INSURED</b>	<b>\$</b>

SECTION D – USE OF VESSEL & COVERAGE		
Use:	<input type="checkbox"/> Private Pleasure	<input type="checkbox"/> Skipper Charter. If Day Charter please state no Passengers _____
	<input type="checkbox"/> Bareboat Charter	<input type="checkbox"/> Other: (Please State) _____
Moorings:	<input type="checkbox"/> Marina Bow first	<input type="checkbox"/> Marina Stern to
	<input type="checkbox"/> Pile	<input type="checkbox"/> Fore & aft
		<input type="checkbox"/> Swing
		<input type="checkbox"/> Other (Please state) _____
Where will vessel be moored?	_____	

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## SECTION E – EXTENSIONS

- |                                      |           |
|--------------------------------------|-----------|
| 1. Racing Risk on Mast, Spars, Sails | Yes/No    |
| 2. Third Party Liability Insurance   | Yes/No    |
|                                      | Amount \$ |
| 3. War and Strikes                   | Yes/No    |

ATTACH COLOUR PHOTOGRAPH OF VESSEL AND STATE MONTH AND YEAR TAKEN

**THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN  
ACCEPTED BY THE UNDERWRITER**

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## Duty of Disclosure

### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be 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 disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your 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.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the 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.

### What you must tell us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

### Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

### If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

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