



LOCAL WATERS PROPOSAL FORM

Details of Proposer

Insured's full name.....
 Address.....
 Phone (Work)..... (Home) (Fax)
 Email

Occupation Date of Birth

Name of Owner (if not the insured)

Experience & Qualifications: a) In this type of craft..... (i) years as skipper..... (ii) as crew.....
 b) In craft generally..... (i) years as skipper..... (ii) as crew.....

Have you had any accidents/claims/losses in connection with any vessel you have sailed/owned/under your control in the last 5 years? YES/NO

If "YES" please provide details, including dates and amounts paid:

Have you ever been refused insurance? YES/NO If "YES" please provide details.....

Have you or any person you have allowed or may allow to use your craft, ever been charged with or convicted of any offence involving dishonesty of any kind, eg. fraud, arson, robbery, smuggling, theft or handling stolen goods? YES/NO If "YES" please provide details

Previous insurers..... Details of N.C.B. if applicable (please attach proof).....

Details of Vessel

Name: Type/model:

Builders: Port of Registry: Flag:

Material of: Hull: Mast: Date built:

Hull Identification No: Other Identification No:

Date purchased: Price paid:

Length: Beam: Draft: Tonnage:

Sail area (if applicable)..... Maximum Designed Speed:

Type of rigging: Masthead Fractional Other (Please state)

Type of hull: Mono Catamaran Trimaran

Has the vessel been professionally surveyed in the last three years:

Note: An independent condition survey less than three (3) months old is required for all vessels over 30 years old

If yes, please provide surveyor's name and copy of survey:

Value to be insured

1) Vessel	\$	Please list any other specific items within the vessel value	
		Value	Description
2) Dinghy/Tender	\$	\$	(.....)
3) Outboard motor(s)	\$	\$	(.....)
4) Trailer	\$	\$	(.....)
5) Personal Effects*	\$	\$	(.....)
	\$	\$	(.....)

Total Sum to be Insured \$

* Personal Effects are defined as items that would not be sold with the vessel and are limited to \$250 for any single item (or the equivalent in any other currency)



Engine/Machinery details

Make and model of engine(s):

Year built: H.P. (Total)..... Number of engines:

Type: Inboard Sterndrive Jet
 Outboard Surface-drive Other (please state)

Fuel: Petrol Diesel CODAG CODOG

Fire Extinguishers: Manual Water Foam
 Automatic CO2 Other (please state)

Do you wish to cover the outboard motor against dropping off and falling overboard?

Please state make, model, age and H.P. of outboard motor

Use of Vessel and Coverage

Use: Private pleasure Skipper charter If day charter please state no. passengers
 Bareboat charter Other (please state)

Moorings: Marina bow first Marina stern to Swing
 Pile Fore & aft Other (please state)

Where will the vessel be moored?

Months in-commission..... Location of lay-up.....

Is the vessel subject to finance/mortgage? If so, please state amount of loan and name of finance company

Date cover is to commence..... to

Third party limit required..... Limit for water-skiers liability limit required

Deductible required.....

Will the vessel be used for racing? If "YES", please answer the following:

Replacement value of mast, spars, sails and rigging

Type of race: Club Cruising Full Competitive Off-shore

Navigation limits NZ inland & coastal Australia inland & coastal
 Mediterranean waters not East of _____ degrees East
 Other (please state).....

Declaration

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between myself and the Underwriters if a policy is issued.

I further declare and agree that if the statement and 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 purposes.

Signed Full name Date