

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

**Important Notice Concerning Disclosure:** It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

## SECTION 1 DETAILS OF PROPOSAL

Insured's Name: \_\_\_\_\_

Insured's Nationality: \_\_\_\_\_

Insured's State of Residence: \_\_\_\_\_

Full Mailing Address (If Company, provide Registered Address) \_\_\_\_\_

\_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Beneficial Owner\*: \_\_\_\_\_

\*This should be completed if vessel is insured in a company name or if the owner of the vessel is someone other than the Named Insured.

VAT No./TRN (Where Applicable): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

## SECTION 2 DETAILS OF COVERAGE

Coverages will not be provided unless requested hereunder:

- ☐ Hull Physical Damage. ....
- ☐ Tender/Dinghy. ....
- ☐ Medical Payments (Maximum (\$50,000)) ....
- ☐ Personal Property. ....
- ☐ Trailer. ....
- ☐ Breach Of Warranty (Applicable Loss Payee must be detailed on Page 5) ....
- ☐ Third Party Liability ....
- ☐ Liability To Paid Crew ....
- ☐ Commercial Passenger Liability. ....
- ☐ Uninsured Boaters (Minimum \$100,000). ....
- ☐ Non-Emergency Towing ....
- ☐ Other (please specify) \_\_\_\_\_

**SECTION 3** DETAILS OF VESSEL

Vessel Name: \_\_\_\_\_ Hull ID: \_\_\_\_\_

Length Overall: \_\_\_\_\_ Model Year: \_\_\_\_\_

Manufacturer/Model: \_\_\_\_\_ Year Built: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Present Value: \_\_\_\_\_ Maximum Speed: \_\_\_\_\_

Vessel Registered: \_\_\_\_\_ Vessel Flag: \_\_\_\_\_

Primary Power: ☐ Sail ☐ Outboard ☐ InboardType of Vessel: ☐ Sailboat ☐ Motor Yacht ☐ Sportsfisher ☐ Houseboat ☐ Catamaran ☐ Other: \_\_\_\_\_Hull Material: ☐ Fiberglass ☐ Wood ☐ Kevlar ☐ Carbonfibre ☐ Ferrocement ☐ MetalDate Last Surveyed (DD/MM/YY) \_\_\_\_\_ ☐ Ashore Or ☐ Afloat**Vessel Engine/Outboard Details:**

1.) HP \_\_\_\_\_ Manufacturer \_\_\_\_\_ Fuel \_\_\_\_\_ Year \_\_\_\_\_ Serial No. \_\_\_\_\_

Date Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

2.) HP \_\_\_\_\_ Manufacturer \_\_\_\_\_ Fuel \_\_\_\_\_ Year \_\_\_\_\_ Serial No. \_\_\_\_\_

Date Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

**Tender/Dinghy Information:**

Manufacture \_\_\_\_\_ Year \_\_\_\_\_ Hull ID/Serial No. \_\_\_\_\_

**Tender/Dinghy Engine/Outboard Details:**

Manufacturer \_\_\_\_\_ HP \_\_\_\_\_ Serial No. \_\_\_\_\_

**Trailer Information:**

Manufacturer \_\_\_\_\_ Year Built \_\_\_\_\_ Date Purchased \_\_\_\_\_

Purchase Price \_\_\_\_\_ Present Value \_\_\_\_\_

Primary Mooring Location of Vessel between July 1st - Nov 1st \_\_\_\_\_

\_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

If unable to provide a ZIP/Postal Code, please advise Longitude &amp; Latitude: \_\_\_\_\_

Please specify whether vessel will be: ☐ ashore ☐ afloat (moored) or ☐ on a hoistIs this vessel is fitted with manufacturer recommended fire prevention/extinguishing equipment? ☐ Yes ☐ No

If No provide explanation: \_\_\_\_\_

Please detail any anti-theft precautions which are in place:

Please detail all waters to be navigated during this policy period (you may attach an itinerary):

Will the vessel be laid up (out of use) during this policy period? ☐ Yes ☐ No

If Yes, detail exact dates, location and advise whether ashore or afloat:

#### SECTION 4 GENERAL INFORMATION

1 Is this vessel used for fare paying Passengers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, advise number of passengers per trip: Maximum:                      Average:  If Yes, Advise number of trips per year: Maximum:                      Average:
2 Is this vessel chartered to others with a Captain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete Captain Charter Supplementary Sheet.
3 Does this applicant employ paid crew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?
4 Is this vessel chartered to others without a captain (bareboat)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete Bareboat Charter Supplementary Sheet.
5 Is this vessel used for water skiing or dive boat charter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide details:
6 Is this vessel used for any other commercial or business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide details:
7 Will this vessel be operated single handedly at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, advise when, where and how often:
8 Does anyone reside aboard the vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, for how long during the policy period?
9 Will this vessel participate in any races/regattas/rallies/speed trials during this policy period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete Racing Supplementary Sheet.
10 Was any insurance declined, cancelled or non-renewed in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide details:
11 Have you, or any named operator, been Involved in a loss in the last 10 years (insured or not)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide details:
12 Have you or any named operated been convicted of a criminal offence or pleaded no contest to a criminal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide details:

**SECTION 5** NAMED VESSEL OPERATORS

**WARNING:** this is a named operator only Policy. All Operators must be detailed. If there are more than 2 Operators, please supply the additional details separately.

1. Full Name \_\_\_\_\_ Date of Birth(DD/MM/YY) \_\_\_\_\_

Violations/Suspensions (including Auto) in the last 5 years:

Years of Boat Ownership \_\_\_\_\_ Years of Boating Experience \_\_\_\_\_

Boating Qualifications (e.g., USCG 100Ton) \_\_\_\_\_

Lengths and Manufacturers of Vessels previously owned or operated \_\_\_\_\_

Have you been involved in a Loss in the last 10 years (insured or not)? ☐ Yes ☐ No If Yes, please give details and amounts paid:

Have you ever been convicted of a criminal offence or pleaded no contest? ☐ Yes ☐ No If Yes, please give details:

2. Full Name \_\_\_\_\_ Date of Birth(DD/MM/YY) \_\_\_\_\_

Violations/Suspensions (including Auto) in the last 5 years:

Years of Boat Ownership \_\_\_\_\_ Years of Boating Experience \_\_\_\_\_

Boating Qualifications (e.g., USCG 100Ton) \_\_\_\_\_

Lengths and Manufacturers of Vessels previously owned or operated \_\_\_\_\_

Have you been involved in a Loss in the last 10 years (insured or not)? ☐ Yes ☐ No If Yes, please give details and amounts paid:

Have you ever been convicted of a criminal offence or pleaded no contest? ☐ Yes ☐ No If Yes, please give details:

**Loss Payee(s)**

Please provide name(s) and full mailing address(es):

**Additional Assured's Required**

Please provide name, full mailing address and reason for request:

**SECTION 6** DECLARATION

**PLEASE READ BEFORE SIGNING THIS APPLICATION:**

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. Any misrepresentation in this application for insurance may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.

**NOTE:** SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Insured's Name (Please print) \_\_\_\_\_

State your connection to this Policy if you are not the named Insured/Beneficial Owner: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Producing Broker (Please print) \_\_\_\_\_

**Broker Use Only:** Please provide surplus lines tax filing information or advise if not applicable (license number will suffice):

\_\_\_\_\_