

PLEASURECRAFT MARINE INSURANCE PROPOSAL



A) APPLICANT DETAILS

Name of applicant:

Coastguard Membership Number:

Postal address:

Occupation:

Date of Birth: / /

CONTACT:

Phone:

Email:

How many years' boating experience have you?

Interested parties (eg. finance company):

B) COVERAGE REQUIRED

NOTE: THE POLICY YOU ARE APPLYING FOR AUTOMATICALLY PROVIDES \$5,000,000 LEGAL LIABILITY COVER

Period of insurance: From 4pm / / To 4pm / / both NZ time

WHAT SUMS INSURED ARE REQUIRED FOR:

- | | |
|--|----|
| a) vessel hull and equipment (including where applicable spars, sails, rigging, tender equipment and other accessories used on the vessel) | \$ |
| b) boat trailer (if applicable) | \$ |
| c) TOTAL sum insured | \$ |

What Excess do you require?	\$250 (min)	\$500	\$1,000	Other \$
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Do you require the optional Racing Risk extension?	Yes	No
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The policy covers navigating within a limit of 200 nautical miles from the New Zealand coast.
Is cover required outside this area?

Yes	No
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C) BOAT DETAILS

1. TYPE OF BOAT:	Yacht	Launch	Runabout	Other
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Boat's name:	Year built: / /
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Make/model:

Construction:

Length:	metres	feet
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2. TYPE OF MOTOR:	Inboard	Outboard
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Make:	Year:
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H.P.:	petrol	diesel
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Maximum speed:	knots	mph	kph
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If a converted car motor, has it been professionally installed?	N/A	Yes	No
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3. IS THE BOAT TRAIERED OR MOORED?	Trailerred	Moored
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IF 'TRAIERED':

Trailer's registration number:

Address where kept?

Locked garage	Carport	Driveway	Roadside	Other
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What precautions are taken to prevent theft?

IF 'MOORED':

Place of mooring:

Type of mooring:	Marina	Pile	Swing
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D) CLAIMSEXPERIENCE/ PRIOR INSURANCE

1. HAVE YOU OR ANY PERSON OR ENTITY TO BE COVERED UNDER THE PROPOSED INSURANCE:

a) In the past five years experienced any loss or damage of \$5,000 or more (whether a claim was made or not) which would have been covered by or is related to the type of insurance now being proposed?	Yes	No
b) Ever withdrawn a claim?	Yes	No
c) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions and/or premium imposed or a claim refused?	Yes	No

2. HAVE YOU, OR ANY PERSON OR ENTITY TO BE COVERED UNDER THE PROPOSED INSURANCE, OR ANY PERSON WHO MAY BENEFIT FROM THE PROPOSED INSURANCE:

a) Ever been charged with, convicted of, or have a pending prosecution for any criminal or statutory offence? The answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act.	Yes	No
b) Ever been bankrupt, gone into liquidation/receivership or been a director of a company that has gone into liquidation/receivership?	Yes	No

If 'yes' to D1 or D2 please provide full details:

PLEASE PROVIDE DETAILS OF ANY PRIOR INSURANCE YOU HAVE SECURED FOR YOUR BOAT:

Insurer: _____ From / / To / /

DECLARATION

MOORED CRAFT

Permanent Mooring. It is a warranty of the policy that your boat's permanent mooring complies with the regulations, specifications, standards and/or certificates required for your boat's size; is in good order; and is lifted and inspected at intervals of no greater than three years.

Temporary Mooring. The policy excludes all claims caused by or arising from your boat being left moored or anchored and unattended off a beach or shore, other than a permanent mooring, for a period in excess of 24 consecutive hours.

NON MOORED CRAFT

It is a warranty of the policy that while your boat is at the address where it is usually kept it will normally be sufficiently secured to prevent theft except consequent upon forcible and violent means. In the event of a breach of this warranty, any claim that may otherwise be payable will be subject to an Excess of \$2,000 or the policy Excess, whichever is the greater.

I/We declare on behalf of all proposed insureds that:

- (a) all answers and statements in this underwriting information form are correct and complete in every respect and there is no further information which may affect acceptance of the underwriting information form;
- (b) if accepted this underwriting information form and declaration, and any other material which I/we have provided, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that this information (which will be retained) in order to decide whether to accept this underwriting information form, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
- (d) We authorize insurers to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorize insurers too obtain, from any party, information that is, in their view, relevant to this underwriting information form;
- (e) I/We understand that the insurance will not be in force until this underwriting information form has been accepted and cover confirmed
- (f) Note: Signing this underwriting information form does not bind either the applicant or the insurer to complete the contract of insurance.

Signature by applicant: _____ Date: / /

Printed Name: _____ Position: _____

Once you have completed this form, please email to pleasurecraftcover@marsh.com
or post to P.O. Box 2221 Shortland Street, Auckland 1010