

Pleasure Boat Insurance



CLIENT INFORMATION

Family name: -----			
----- <i>First</i>	----- <i>Middle/Father's</i>	----- <i>Last</i>	
Date of birth: -----/-----/-----	Nationality: -----		
Address: -----			
Telephone No.:	Home	Mobile	Office
	-----	-----	-----
Occupation: -----			
Requested period of insurance:	From: -----/-----/-----	To: -----/-----/-----	
Experience	a) In this type of craft-----	Years as Skipper.....	Years as crew
	b) In craft generally-----	Years as Skipper.....	Years as crew
Qualifications.....			

VESSEL INFORMATION

Name	Previous Name		Type or class	Class No.
-----	-----		-----	-----
Builder's Name	Year Built	Is the vessel a:		
-----	-----	a)Conversion		<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	b)Amateur Build		<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	c)Amateur completion of professionally built hull		<input type="checkbox"/> Yes <input type="checkbox"/> No
If a conversion, when converted & by whom-----				
Method of construction Wooden vessels	OA	Length WL	Beam	Draft
-----	-----	-----	-----	-----
-----	-----	-----	-----	Sail Area
-----	-----	-----	-----	Material of Hull

MACHINERY INFORMATION

Manufacturer	Year of Make	Number of engines	Horse power of each engine	Marine engine or conversion
-----	-----	-----	-----	-----
Fuel used	Maximum designed speed of vessel	Details of outboards including Serial Numbers		
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If the vessel has a maximum designed speed in excess of 17 knots and has inboard machinery , is fitted with an automatic or remote control fire extinguisher system in the engine room	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Tank Space	<input type="checkbox"/> Yes <input type="checkbox"/> No
And Gallery	<input type="checkbox"/> Yes <input type="checkbox"/> No

VESSEL USAGE

What cruising range is to be covered? -----

The vessel will be in commission for ----- months , from----- to ----- inclusive moored at :

<input type="checkbox"/> Ashore	<input type="checkbox"/> Marina	<input type="checkbox"/> Afloat	<input type="checkbox"/> Mud Berth
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The vessel will be in laid up for ----- months , from ----- to -----inclusive at :

<input type="checkbox"/> Ashore	<input type="checkbox"/> Marina	<input type="checkbox"/> Afloat	<input type="checkbox"/> Mud Berth
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Period for which insurance is required : 12 months from ----- to ----- inclusive

SUM TO BE INSURED	Value to be insured (Current market value)	PRICE PAID	DATE OF PURCHASE
Hull, Machinery , Gear, Equipment	\$-----	\$-----	\$-----
Tender / Dinghy	\$-----	\$-----	\$-----
Outboard motor	\$-----	\$-----	\$-----
Trailer (SN.....)	\$-----	\$-----	\$-----
Other (specify)	\$-----	\$-----	\$-----
Personal effects	\$-----	\$-----	\$-----
TOTAL SUM TO BE INSURED	\$-----	\$-----	\$-----

ADDITIONAL COVERAGE

Water – skiers liability

Do you wish to include liability to and of water skiers? Yes No

(Only applicable to boats with a maximum designed speed in excess of 17 knots)

Racing

Do you use the vessel for racing? Yes No

If yes, give full details-----

Replacement cost of mast, spare, sails, standing & running rigging \$-----

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Road – Transit	
Will the vessel be transported by road?	<input type="checkbox"/> Yes <input type="checkbox"/> No
General - Previous claims – Insurance history	
Have you or anyone who will use the vessel with your permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had any accidents or losses in respect of vessels owned or handled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had insurance declined, cancelled, or only renewed at an increased rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

USE OF THE VESSEL	
Do you require cover for using the vessel for purposes OTHER THAN solely Private and Pleasure use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the vessel be used for permanent residential purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the vessel be used for single handled sailing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vessel fitted with the proprietary alarm system or any anti-theft precautions employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, state type or give details-----	
Have you or any person having an interest in the vessel or who might use the vessel with your permission been charged with or convicted of any offence involving dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answers to any of the above questions are yes, please provide FULL details overleaf.	

Gas System	
If bottles gas is used: Is the cylinder kept in self draining cockpit locket?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the delivery tubing copper or British Standard Armoured type?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STATEMENT
<p>We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my knowledge and belief , complete and true , and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.</p> <p>It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.</p> <p>The insurers undertake to deal with this information in strict confidence.</p>
Name: -----
Date: -----/-----/-----
Signature: _____