



BLUEWATER HULL PROPOSAL

IMPORTANT NOTICE

MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

COMPLETION NOTES

- Please answer ALL questions fully, if you need extra space please attach additional pages on your organisation letterhead and mark their inclusion on the proposal.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

A. APPLICANT DETAILS

1. Name(s) in full

2. Address

3. Occupation

4. Mortgagee or Other Interested Party

5. Address

6. Period of Insurance

From 4.00pm

To 4.00pm

7. Where is craft usually based and moored?

The answers to every questions, on all pages, must be full and correct, and every blank must be filled. If space provided is insufficient for complete answers please annex further particulars.



B. DETAILS OF HULL

1. Name of Craft

2. Type and Design of Craft

3. Previous Name:

4. Material of Hull and How Built

5. Registration Number

6. Year Built

7. Tonnage

8. Place Built

9. Dimensions

Length Beam Draft Depth

10. Builders Name

11. Is the Craft Professionally or Amateur Built?

C AUXILIARY ENGINE

1. Make

2. Petrol Diesel (delete one)

3. Serial No(s)

4. Horsepower

5. Year Manufactured

6. Last Overhaul

7. Fuel (Litres)



D MAIN ENGINE(S)

1. Make

2. Petrol Diesel (delete one)

3. Serial No(s)

4. Horsepower

5. No. of Cylinders

6. Year Manufactured

7. Max Designed Speed

8. Last Overhauled

9. Fuel (Litres)

10. Capacity

11. Range

12. Location of Tanks

E PROPOSED SUM INSURED

1. (a)	Hull & Fittings	\$	<input type="text"/>
	Machinery & Fittings	\$	<input type="text"/>
	Mast/Spars/Sails & Rigging	\$	<input type="text"/>
	Auxiliary Engine	\$	<input type="text"/>
	Dinghy(s) Outboard	\$	<input type="text"/>
	Other Equipment (to be specified (Attach schedule if necessary))	\$	<input type="text"/>
		\$	<input type="text"/>

(b) Purchase Price

(c) Sum to be Insured
(If sum insured differs from purchase price how is value arrived at?)
(If available, copy of valuation should be attached)

2. Present estimated sound market value of vessel

3. Has the craft been offered for sale in the last 12 months? Yes No



F POLICY EXTENSIONS

1. What amount of Third Party Liability cover is required?

\$

2. Do you require Racing Risk Extension?
(If so, cover will be provided on the value of masts, spars, sails and rigging specified under the Proposed Sum Insured)

Yes No

G SAFETY EQUIPMENT

1. Fire Extinguishers carried

2. Type & No of appliances

3. Bilge and other Pumps

4. At what intervals is the above equipment serviced?

5. Is the engine fitted with a flame arrester? Yes No

6. Safety equipment normally carried (eg Two-way radio)

H DETAILS OF APPLICANT

1. How long have you been accustomed to handling boats?

2. How long have you owned this craft?

3. Details of any previous accidents to craft under your control or ownership with costs in each case (during past 5 years)

4. Is the craft proposed for Insurance presently insured?

Yes No

5. Name of present insurer



6. Expiry Date of Insurance

/ /

7. Has any Insurer in respect of any craft ever

(a) Declined?

Yes No

(b) Cancelled?

Yes No

(c) Increased Rate?

Yes No

8. Do you or will you permit others to handle your craft?

Yes No

9. How many crew are carried?

10. Describe present condition of craft

11. Usual use of craft (eg private/charter etc)

I DETAIL OF INTENDED BLUE WATER PASSAGE

1. Port of Departure

2. Date of Departure

/ /

3. Port of Return

4. Estimated Date of Return

/ /

5. Detail of all Port(s) in order at which called including estimated time of arrival at each

6. Detailed Radio Schedule(s) – (If racing, name of all races entered and name of organising committee)



7. Detail any additional safety and navigational equipment to be carried

Four horizontal lines for text entry.

8. Intended use on this voyage (eg private/charter etc)

Single horizontal line for text entry.

9. Detail mooring arrangements at overseas base

Two horizontal lines for text entry.

10. Skipper

(a) Name

Text entry box for Name.

(b) Age

Text entry box for Age.

(c) Qualifications/experience, specifically previous voyages

Four horizontal lines for text entry.

11. Navigator

(a) Name

Text entry box for Name.

(b) Age

Text entry box for Age.

(c) Qualifications/experience, specifically previous voyages

Four horizontal lines for text entry.

12. Crew Details

	Name	Age	Qualification/Exp – Specifically previous
1.			
2.			
3.			
4.			
5.			



Has the vessel previously been blue water cruising/racing?

Yes No

If so, where?

[Empty text box for location details]

Note: Should during the period of Policy there be any alteration to Skipper, Navigator or members of the Crew then immediate advice with full particulars is to be given to Underwriters whose consent in writing must be obtained.

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that the Company is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform the Company of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise QBE Insurance (International) Limited to give or obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:-

- (a) QBE Insurance (International) Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- (b) I/We am/are obliged to advise QBE Insurance (International) Limited of any information which may be material to its consideration of this application.
- (c) Failure to provide any of this information may result in QBE Insurance (International) Limited refusing to provide the insurance.
- (d) I/We have certain rights of access to and correction of this information.

Signed	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text" value="/ /"/>



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QBE INSURANCE (INTERNATIONAL) LTD
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