



MARINE COMMERCIAL 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.

PERIOD OF INSURANCE

From: **4.00pm**

To: **4.00pm**

A APPLICANT DETAILS

1. Name(s) in full

2. Address

3. Nature of Business – Years of Experience in Business

4. Mortgagee or Other Interested Party

Name	Mortgage Amount
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5. Address

B THE VESSEL

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. Values

Purchase
Cost

Year
Purchased

Current
Market Value

Replacement
Cost

C MAIN ENGINE(S)

1. Make

2. Serial No(s)

3. Horsepower

4. No. of Cylinders

5. Year Manufactured

6. Max Designed Speed

7. Last Overhauled

8. Fuel Capacity (Litres)

9. Petrol/Diesel

10. Range



D AUXILIARY MACHINERY/GENERATORS

1. Make

2. Serial No(s)

3. Horsepower

4. Year Manufactured

5. Last Overhaul

6. Fuel Capacity (Litres)

7. Petrol/Diesel

E POLICY EXTENSIONS

1. Do you require increased protection and indemnity?

Yes No

If Yes, to what amount

\$

2. Do you require crew liability?

Yes No

If Yes, to what amount

\$

F MAINTENANCE

1. How regularly is the vessel inspected/serviced?

2. When was vessel last slipped?

3. What work was undertaken?

4. Has any major work or refit been carried out during the last 2 years?

Yes No

If Yes, describe and give cost

Work	Cost
	\$
	\$
	\$
	\$



G OPERATION

1. Port of Registration/Operation

2. Usual Mooring

3. Sailing Limits Required

4. No. of crew required to properly operate vessel

5. Type of Use of Vessel

H CREW

1. Are you the regular skipper?

Yes No

If No, please supply name/address and a completed Details of Master

Name

Address

2. No. of crew

(A separate Details of Master form must be completed by every person who will have command of the vessel)

I PREVIOUS INSURANCE

1. Has the vessel been previously insured?

Yes No

(a) If Yes, state name of Insurer

(b) Policy No. (if known)

(c) Expiry Date

2. Has any insurer ever cancelled, declined to insure or renew any policy for any vessel owned or operated by you?

Yes No

If Yes, on what grounds



- 3. Has any insurer ever imposed above normal excess, increased rates or special conditions on any policy of any vessel owned or operated by you? Yes No

If Yes, give details

- 4. Has any vessel owned or operated by you been un-insured? Yes No

If Yes, give reason and period un-insured

J RECORD

- 1. Have you or any partner(s), director(s), shareholder(s) or the skipper or any person who will be involved in the running of the vessel to your knowledge ever

- (a) Made a claim in respect of marine insurance? Yes No
If Yes, give details

- (b) Been involved in any way at any time in a total loss? Yes No
If Yes, give details

- 2. Have you suffered any accident or incident causing loss or damage (whether an insurance claim was made or not) on this vessel, or any vessel you own or owned or have had a financial interest in, or any vessel under your control at the time of such loss

- (a) In the last 12 months? Yes No

- (b) In the previous 5 years? Yes No

If Yes to either of the above, provide full particulars

K Warranties

- 1. That the vessel is in survey and will remain in survey with the appropriate governmental authority of the state of registration at all times during the currency of this Policy.
- 2. That the vessel will be skippered, manned, crewed, operated and licensed in accordance with the regulations any by-laws and all other applicable laws of the appropriate governmental authorities of the state of registration at all times during the currency of this Policy.
- 3. That the Proposal, Details of Master and warranties incorporated therein form the basis of this Policy and are incorporated herein.
- 4. That the insured will comply with all reasonable requests made by the underwriters for the production and supply to the underwriters of any financial or other records required of the insured **with regard to income and expenditure of the vessel.**
- 5. That the vessel will remain within the declared sailing limits, unless prior written notice is given to the insurers and their approval is obtained, in which case an additional premium may become payable.



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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