



PLEASURECRAFT 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

To

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 THE VESSEL

1. Name of Craft

2. Type and Design of Craft

3. Previous Name

4. Material of Hull & How Built

5. Registration Number 6. Year Built

7. Where Built 8. Tonnage

9. Dimensions
Length Beam Draft Depth

10. Builders Name

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. Petrol/Diesel

9. Fuel Capacity (Litres) 10. Range

11. Location of Tanks



D AUXILIARY ENGINE

1. Make

2. Serial No(s)

3. Horsepower

4.

Year Manufactured

5. Last Overhaul

6.

Fuel Capacity (Litres)

7. Petrol/Diesel

E DINGHY

1. Make

2. Serial No(s)

3. Material

4.

Year Manufactured

5. Size

6.

Engine (In/Outb)

7. Maximum Speed

8.

Fuel Capacity (Litres)

F PROPOSED SUM INSURED

1. Total Proposed Sum Insured:

Comprising of

(a)	Hull & Fittings	\$
(b)	Machinery & Fittings	\$
(c)	Mast/Spars/Sails & Rigging	\$
(d)	Auxiliary Engine	\$
(e)	Dinghy(s)/Outboard(s)	\$
(f)	Other Equipment to be specified (Attach schedule if necessary)	\$
		\$
		\$
		\$

2. Third Party Liability Cover Required



G SAFETY & MAINTENANCE

1. Fire Extinguishers carried Yes No

If Yes, provide details of make and quantity

2. Bilge and other Pumps Yes No

If Yes, provide details of make and quantity

3. Safety equipment normally carried (eg two way radio)

4. At what intervals is the above equipment serviced?

H GENERAL

1. Where is craft moored when in commission?

2. Who is responsible for mooring?

3. When was mooring last inspected?

4. How often will mooring be inspected and maintained?

5. Where is craft laid up and/or housed?

6. What cruising range is to be covered?

7. Is the craft solely used for private pleasure purposes? Yes No

8. How long have you been handling boats?

9. How many crew are carried?



- 10. Do/will you permit others to handle the craft? Yes No
- 11. Do you require racing risk extension? Yes No
- 12. Is cover required for liability to and by waterskiers? Yes No

13. Date craft was purchased by present owner

14. Purchase price

15. Additions/alterations since purchased and their cost

16. Present condition

17. Present estimated sound market value

18. Date of last survey (attach report if available)

19. Has the craft been offered for sale in the past year? Yes No

If Yes, at what price?

I PREVIOUS INSURANCE

1. Is the craft proposed for Insurance presently insured? Yes No

If Yes, give name of present insurer

2. Expiry date of cover

3. Has any insurer in respect of any craft owned or part owned by the proposer(s) ever

(a) Declined Cover? Yes No

(b) Cancelled Cover? Yes No

(c) Increased Rate? Yes No

If the answer to any of the above questions is Yes, please give details



5. Give details and cost of any accident(s) to any craft under your control or ownership during the past 5 years

Empty table with 3 rows for accident details.

Only the vessel is insured (Vessel means the vessel herself, her machinery, boat(s), gear or equipment such as would normally be sold with the vessel if she changed hands)

If possible, please supply a photograph of the vessel.

DECLARATION

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

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

NOTE: Signing the proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

POLICY WARRANTIES:

Warranted persons in control of the vessel to hold a current licence as specified by local statutory authority regulations. Warranted L.P. Gas installations be fitted, approved and serviced by licenced or authorised L.P. Gas Installers and appropriate Compliance Plate affixed as required. Warranted two or more persons to be on board for voyages or trips in excess of 24 hours. Warranted vessel to be used for private pleasure purposes only.

Form fields for Signed, Date, Printed name, and Position.



Quay Tower, 29 Customs Street, PO Box 44, Auckland. www.qbe.co.nz Phone: 00 64 9 366 9920, Fax: 00 64 9 366 9930

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SPECIFIED EQUIPMENT OVER \$500

Please complete shaded boxes for each piece of equipment

Equipment	Make	Model	Serial No.	HP	Size	Type	\$
Outboard Motor							
Depth Sounder							
Radar							
Auto Pilot							
Satellite Navigator							
Radio Telephone 1							
Radio Telephone 2							
Electronic Sailing Instruments							
Life Raft							
Dinghy							
Other Equipment:							
TOTAL							



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