

Marine Pleasurecraft

Proposal



Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not 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 therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
--------	---------	------------

A. Applicant details

1. Name of insured

2. Postal address

3. Occupation

4. Date of Birth (dd/mm/yyyy)

5. Contact

Phone

Email address

6. How many years of boating experience do you have?

7. Interested parties (eg. finance company)

B. Cover required

Note: The policy you are applying for automatically provides NZD 5,000,000 legal liability cover.

1. Period of Insurance	From 4pm (dd/mm/yyyy)	To 4pm (dd/mm/yyyy)	(both NZ time)
2. Please advise what sums insured are required for the following:			
(a) vessel hull and equipment (including, where applicable, spars, sails, rigging, tender equipment and other accessories used on the vessel)	NZD	(c) Total sum insured	NZD
(b) boat trailer (if applicable)	NZD		
3. What Excess do you require?	NZD 250 (minimum)	NZD 500	NZD 1,000 Other NZD
4. Do you require the optional Racing Risk extension?			Yes No

B. Cover required

5. The policy covers navigating within a limit of 200 nautical miles from the New Zealand coast. Is cover required outside this area?	Yes	No
--	-----	----

C. Boat details

1. Type of boat	Yacht	Launch	Runabout	Other	
Boat's name			Year built		
Make/model			Length	Metres	Feet
Construction					
2. Type of motor	Inboard		Outboard		
Make			Year		
Horsepower			Petrol	Diesel	
Maximum speed			Knots	mph	kph
If a converted car motor, has it been professionally installed?			N/A	Yes	No
3. Is the boat trailered or moored?	Trailered		Moored		
If 'trailered':	Trailer's registration number				
Address where kept					
Locked garage	Carport	Driveway	Roadside	Other	
What precautions are taken to prevent theft?					
If 'moored':					
Place of mooring					
Type of mooring	Marina		Pile		Swing

D. Claims experience/prior insurance

1. Have you or any person or entity to be covered under the proposed insurance		
(a) experienced any loss or damage of NZD 5,000 or more (whether a claim was made or not) in the past five years 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, where renewal was not offered, where special conditions and/or premiums were imposed or a claim refused?	Yes	No
2. Have you, 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?	Yes	No
Please note: The answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act.		
(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 D 1 or D 2 above, please provide full details.		

D. Claims experience/prior insurance

3. Please provide details of any prior insurance you have secured for your boat

Insurer			
Period of Insurance From 4pm (dd/mm/yyyy)		To 4pm (dd/mm/yyyy)	

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 warrant that I/We will notify QBE of any material alteration to these facts whether occurring before or after the completion of this proposal.
- (d) If any personal information is provided, I/We understand that:
- (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at <https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-information>
 - (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
 - (iii) Where I/We have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
- (e) QBE is authorised to disclose information received from me/us to its advisers, 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.
- (f) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			