

Pleasure Craft Insurance Proposal

Please complete this form in BLOCK CAPITALS and tick appropriate boxes.

1. Personal D	Details						
Name	First Name			Mr. Mrs. Miss.			
Nationality.	Last Name	MarialStates		th (dd/mm/yyyy)	/ /		
Nationality	P.O.Box		Single Ma	No. of Children			
Address		City		Country			
Contact	Home phone Employer			Phone			
Work	Employer	Оссиранон			11010		
E-mail							
2. Details of Boat							
Name		Туре	Reg.				
Make	Number						
Year Built		Mate	_				
Is Vessel a Conve	rsion? YES NO	Leng	th) Be	eam		
	Make, Number & Type of Fire Extinguisher(s)	Deta	ils of Navigation	Equipment			
3. Engine							
			604.1				
Make		rear (of Make				
Haraanawar		Mavi	mum Speed	(in large to)			
Horsepower		IVIAXI	num speed	(in knots)			
Engine Type	ngine Type INBOARD OUTBOARD Serial			ir (
If outboard(s) are they all securely locked to the boat by anti-theft device(s)?							
Note — if "NO" Then Dropping off or falling overboard is EXCLUDED.							
4. Sum Insure	ed (please state currency)						
Date of Purchase (dd/mm/yyyy) / /							
	PRICE PAID			INSURED VALUE			
Hull & Equipmen							
Dinghy / Tender							
Out Board							
Personal Effects Including Cash							
Trailer							
TOTAL							



5. USE						
Cover required 12 months with effect from (dd/mm/yyyy) / Cover Options Comprehensive Third Party Only When not in Use, is the Craft kept? ASHORE AFLOAT Where is the Craft kept when not in Use? used solely for Private & Pleasure purposes?	(Includes Third Party Limit of US \$ 500,000) US \$ 250,000 US \$ 500,000 US \$ 1,000,000 S the Craft YES NO					
6. Do you wish to insure liability upto US\$ 150,000 to/of water-skiers?	YES NO					
7. Do you require cruising range beyond the standard cover offered?	YES O NO O					
If yes, please give details						
8. Do you wish the policy to be extended to cover racing risks for mast, spars, sails and rigging? (sailing craft only)	YES NO					
If yes, please state total replacement values (state currency)						
9. Do you require cover for personal accident (vessels used for private & pleasure purposes only)	YES NO					
10. Claims Experience						
Details of losses over past 5 years						
Have you ever had insurance for any vessel cancelled, declined or renewed at an increased premium?	YES NO					
If yes, please give reason						
11. Operator's Experience						
a) Number of years as Owner / User of this type of craft						
b) Number of years as Owner / User of any other type of Craft please provide details						
12. Will professional crew be employed?	YES NO					

I confirm that i have read the above proposal form and that to the best of my knowledge and belief the above particulars and answers are correct and complete in every respect and I have not withheld any information which might influence the decision of Underwriters in regard to this proposal. I agree that this proposal shall form the basis of insurance issued by Underwriters, if a policy be issued.

Signature

Date (dd/mm/yyyy)

Name: