



SAILING AND MOTOR YACHT PROPOSAL FORM

Please note that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

PERSONAL AND COMPANY INFORMATION

Full name: ID no: Age:

Company name: Where is the company incorporated:

Nationality of owner: Home tel: Fax:

Physical address: Mobile tel: Work tel:

Postal address: Post code: E-mail:

Postal address: Post code: Are you the sole owner of the vessel? **Y** **N** If no, give full details below:

Details:

Occupation:

ADDITIONAL INFORMATION

Purchase date of vessel: Inception date of this policy: Purchase price: **R**

Monthly or annual: Vessel purchased (private/dealer): Will the vessel be surf launched? **Y** **N**

Is the vessel financed? **Y** **N** Institution: Navigational limits:

Is the vessel used for private and pleasure purposes only? **Y** **N** If No, state purpose:

Will the vessel be used for racing? (Professional or Fun Day): **Y** **N** Country of registration/flag:

Qualifications of skipper:

No. of years as skipper of this type of vessel: No. of years as crew on this type of vessel: How many crew onboard vessel:

Are you a member of a boat/yacht club? **Y** **N** If yes, give details:

DECLARATIONS

If you answer "YES" to any of the following questions, please submit full details on a separate page or on notes tab on page 3.

- Have you previously insured your vessel? **Y** **N** If Yes, please state institution:
- Have you had any insurance declined, cancelled or renewed under restricted terms by an insurer, if so who? **Y** **N**
- Have you, or any person using your craft ever been convicted of any offence involving dishonesty of any kind? (i.e. fraud, theft, smuggling, robbery, arson, etc.) **Y** **N**
- Have you or any person operating the vessel ever suffered from diabetes, epilepsy, heart condition, mental or physical disability, infirmity/disease, drug control conditions? **Y** **N**
- Type of mooring: (Please advise broker should this change permanently)
- What security measures are in place to protect your vessel?
- If afloat on moorings, please state the name / location of the Marina:
- Are the moorings professionally laid, maintained and secured? **Y** **N** Details:
- Claims history (WATERCRAFT ONLY) - What accidents, losses or insurance claims have you had during the past five years?
Failure to fully disclose information may lead to repudiation of any claims submitted by you or your family under this policy.

Signature of Proposer: _____

SCHEDULE OF INSURANCE

It is the sole responsibility of the proposer to ensure values stated herein are accurate, the broker is not qualified to offer a valuation service

A: VESSEL DETAILS

NOTE: The Sums insured for the Vessel must represent - New Replacement Value 1 - 4 years / Market Value 4 years +

Type or model: <input style="width: 90%;" type="text"/>	Length OA: <input style="width: 80%;" type="text"/>	Hull value: <input style="width: 80%; border: 1px solid black; text-align: center; color: blue;"/> R	SUM INSURED:
Builders name: <input style="width: 90%;" type="text"/>		Mast value: <input style="width: 80%; border: 1px solid black; text-align: center; color: blue;"/> R	
Vessel name: <input style="width: 90%;" type="text"/>		Spars value: <input style="width: 80%; border: 1px solid black; text-align: center; color: blue;"/> R	
Hull/sail no: <input style="width: 90%;" type="text"/>	Age: <input style="width: 80%;" type="text"/>	Sails value: <input style="width: 80%; border: 1px solid black; text-align: center; color: blue;"/> R	
Class of vessel: <input style="width: 90%;" type="text"/>	Construction material: <input style="width: 80%;" type="text"/>	Rigging value: <input style="width: 80%; border: 1px solid black; text-align: center; color: blue;"/> R	

B: ENGINE/MOTOR DETAILS

NOTE: The Sums insured for the Motor/s must represent - New Replacement Value 1 - 4 years / Market Value 4 years +

	MANUFACTURER:	HP:	AGE:	SERIAL NO:	SUM INSURED:
Inboard 1:	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
Inboard 2:	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
Outboard 1:	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
Outboard 2:	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
Max speed: <input style="width: 90%;" type="text"/>	Type of fuel: Petrol Diesel				
Number and type of fire extinguishers: <input style="width: 90%;" type="text"/>					

C: DINGHY/LIFE RAFT AND TRAILER (SMALL KEELBOATS ONLY)

NOTE: The Sum insured for the Trailer must represent - New Replacement Value

Trailer manufacturer: <input style="width: 90%;" type="text"/>	Age: <input style="width: 80%;" type="text"/>	Reg/chassis no: <input style="width: 90%;" type="text"/>	SUM INSURED:
Dinghy make: <input style="width: 90%;" type="text"/>	Age: <input style="width: 80%;" type="text"/>		<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
State how life raft and trailer are immobilised: <input style="width: 90%;" type="text"/>			

D: SPECIAL ELECTRONIC EQUIPMENT

NOTE: Equipment must be itemised individually & insured at the new replacement value

	DESCRIPTION:	SERIAL NUMBER:	AGE:	SUM INSURED:
1.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>

E: PERSONAL EFFECTS AND SAFETY EQUIPMENT

New replacement value - i.e. boating equipment not normally sold with the vessel e.g. binoculars, nautical books, sporting equipment, clothing, wet weather gear, portable electronic equipment. All items must be specified - attach a list if you need additional space.

	DESCRIPTION:	SERIAL NUMBER:	AGE:	SUM INSURED:
1.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text" value="R"/>

TOTAL (SECTION A, B, C, D AND E ABOVE)

R

LIABILITY COVER

1. Legal Liability limits can be extended by an additional R7.5 million or R17.5 million

Signature of Proposer: _____

SCHEDULE OF INSURANCE

SASRIA

SASRIA (separate riot and strike cover) by the South African Special Risks Insurance Association (SASRIA) Reg. No. 79/99287/08 is included in this Policy.

DOCUMENTS

Please ensure the following are forwarded:

Fully completed and signed proposal forms

Vessel Certificate of Fitness

Skippers Certificate of Competency

Colour photograph of vessel and gear

Identification Document (ID)

Trailer Registration

An out-of-water survey report may be requested by Insurers for vessels older than 10 years.

NOTES

ADMINISTRATION FEE

Broker/dealer:

Once off Fee: **R**

BANK DETAILS

A Debit Order will be processed from your account in advance on the 1st working day of every month.

The reference on your bank statement will reflect EPIC who is the Financial Provider with authority to collect the premium.

Name of Bank:

Account No:

Type of Account:

Branch:

Branch Code:

Name of Account Holder:

Signature of Proposer: _____

DECLARATION OF THE PROPOSER

NOTE: By signing this form you appoint Club Marine Insurance as your broker for the risks as laid out by this proposal.

I hereby declare that the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I undertake to exercise all ordinary and reasonable precautions for the safety of the property i.e. moveable items to be locked away when not in use when the boat is stored. I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my agent for the purpose, and I agree that this declaration and the answers given above shall be the basis of the contract between me and the Company, and I further agree to accept a Policy subject to the usual conditions prescribed by the Company and endorsed on their Policy, and to pay the premium thereunder when called upon to do so. It is my sole responsibility to ensure that the funds are available for premium collection, if the account reflects insufficient funds, stopped payment or account closed the policy will automatically be cancelled unless prior arrangements have been made and accepted. Signing this form does not bind the Insurer to effect this insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted. By my signature hereto I agree to have my bank account debited as per banking details completed above on the first day of each month for the full amount due in respect of this policy as per the policy schedule (ONLY APPLICABLE IF MONTHLY POLICY).

RECORD OF ADVICE: I hereby declare that, relevant cover details under this short term insurance product, which include premium and relevant fee's due have been explained to my satisfaction. I acknowledge as to what to insure and the value / limits to be insured are my sole responsibility and that Club Marine Insurance do not provide valuation services. I further declare that this short term insurance product meets my requirements.

Date: _____

Signature of Proposer: _____

The Company reserves the right to decline this Insurance