

# Pleasurecraft insurance proposal

## Blue Horizons™



Form MN023 11/09

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114

### Insured details

<b>Insured(s) full name: (a)</b>	<b>Date of birth:</b> / /
<b>Insured(s) full name: (b)</b>	<b>Date of birth:</b> / /
<b>Postal address:</b>	
<b>Telephone: (h)</b>	<b>(bus)</b>
<b>Mobile:</b>	
<b>Interested Parties (eg. finance company):</b>	
<b>Period of Insurance</b>	<b>From:</b> / / <b>To:</b> / / <b>at 4pm (NZ time)</b>

### Section 1: The Insured Craft

<b>Type of Craft:</b>	<input type="checkbox"/> Yacht	<input type="checkbox"/> Launch	<input type="checkbox"/> Runabout	<input type="checkbox"/> Other (specify):
Make/model:	Craft's name:			
Construction:	Year built:	Length:	<input type="checkbox"/> Metres	<input type="checkbox"/> Feet
Inboard: Make:	Year:	Horse power	Fuel: <input type="checkbox"/> Petrol	<input type="checkbox"/> Diesel
If your inboard motor is a converted car motor, is it professionally installed?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum speed:	<input type="checkbox"/> Knots	<input type="checkbox"/> M/ph	<input type="checkbox"/> K/ph	
<b>Hull, furniture and fittings</b>				
Including sails, masts, spars and rigging, inboard motor and equipment that would normally be sold with the Craft,				
<b>exclude</b> items insured under section 2 – Contents.	Sum Insured	\$		
<b>Dinghy (Tender)</b>				
Construction:	Length:	<input type="checkbox"/> Metres	<input type="checkbox"/> Feet	Sum Insured \$
<b>Outboard motor(s)</b>				
Year:	Horse power:	Make:	Serial number:	Sum Insured \$
Year:	Horse power:	Make:	Serial number:	Sum Insured \$
Year:	Horse power:	Make:	Serial number:	Sum Insured \$
<b>Ancillary equipment (replacement value up to 5 years of age)</b>				
Hand-held navigational aids and communication equipment, personal effects not otherwise insured and all other equipment not normally sold with the Craft.				
Unspecified items (Limit \$1,000 per item):	Sum Insured	\$		
List items of \$1,000 or more and their values:	Sum Insured	\$		
	Sum Insured	\$		
<b>Boat trailer</b> Registration No:	Sum Insured	\$		
<b>Racing Risk extension</b>				
If required, please provide replacement value of all sails, masts, spars, standing and running rigging:				\$

### Section 2: Contents (up to 10 years of age)

<b>Household appliances, furniture and furnishings up to 10 years of age</b> (eg. microwave, TV, dining suite)	Replacement value	Sum Insured	\$
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### Excess and total Sum Insured

<b>Excess:</b> Minimum	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other (specify) \$	<b>Total Sum Insured</b>	\$
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**Declaration**

**To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.**

On behalf of all proposed Insured I/We declare and agree that:

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- (d) Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- (e) Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- (f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature: _____	Title: _____	Date:    /    /    _____
Insured(s) signature: _____	Title: _____	Date:    /    /    _____

**Office use only:** (Do not complete this section)

	<b>Premium</b>	
<b>Company</b>	\$ _____	<b>Policy no:</b>
<b>FSL</b>	\$ _____	<b>Customer no:</b>
<b>GST</b>	\$ _____	<b>Branch:</b> _____
<b>Total</b>	\$ _____	<b>Agency:</b> _____