

Commercial fishing vessel proposal



Form MN004 01/11

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre 88 Shortland Street PO Box 2426, Auckland 1140, New Zealand, Tel 09 308 1100, Fax 09 308 1939, www.lumley.co.nz

Broker details

Company:	Contact name:
Postal address:	Phone:

Insured details

The Proposer(s):	
Postal address:	Phone:
Period of insurance: From: / / To: / / at 4pm (NZ time)	

Financial details

1 Is the vessel financed in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Name of mortgagee/lessor/any other person not the owner who has any interest in the vessel:	
3 Postal address:	
4 Form of borrowing/encumbrance, i.e. mortgage/lease, etc:	
5 What is the amount currently owing? \$	

Vessel details

1 Name of vessel:	Statutory registration no:
2 Dimensions: <input type="checkbox"/> mtrs <input type="checkbox"/> ft Length: Beam: Draft: Depth:	
3 Type of vessel:	
4 Material of hull and how built:	
5 Builder's name:	
6 Date built: / / Professional or amateur built: Place built:	
7 Main engine(s): Make: Serial no(s):	
Power HP: or KW: No of cylinders:	
Year made: Maximum designed speed: Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	
Last overhaul: / / Location of tanks: Capacity: Range:	
8 Auxiliary engine(s): Make: Serial no(s):	
Horsepower: Year made:	
Last overhaul: / / Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel Fuel (litres):	
9 Date vessel purchased by present owner: / / Purchase price: \$	
10 Present estimated sound market value of vessel: \$	
11 Total cost of any alterations, improvements and/or maintenance since purchase: \$	
12 List the type of work undertaken:	
13 Describe the present condition of the vessel:	
14 Fire extinguishers carried – type and number of appliances:	
15 Does the vessel have working Bilge pumps? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, how many:	

16 Describe type of bilge pumps and additional safety pumps carried:

17 At what intervals is the above equipment serviced?

18 Safety equipment normally carried (e.g. two-way radio, flares, liferaft):

Sum insured

Total proposed sum insured comprising:

1 Hull and fittings:	\$
2 Machinery and fittings:	\$
3 Electronic equipment/navigational aids:	\$
4 Auxiliary engine(s):	\$
5 Dinghy(s)/outboard:	\$
6 Fishing gear	\$
7 Other equipment (to be specified – please attach schedule):	\$
8 Total sum insured:	\$

Liabilities

Our standard hull policy incorporating Institute Fishing Vessel Clauses provides for both Collision Liability and Protection and Indemnity Liability cover up to an amount not exceeding the sum insured of the vessel.

Do you wish to increase the amount of this liability cover? Yes No

If Yes, what is the total amount required? \$

The Proposer record and experience

Is the Proposer an Individual Company. If an individual, complete Questions 1 to 8. If a company, complete Questions 6 to 8.

1 Date of birth: / /

2 Is the vessel actually skippered by You? Yes No

3 Please detail your maritime qualifications/certificates:

4 Please provide details of your seagoing experience:

5 Please provide details of any previous accident to vessels under your control, management or ownership with cost in each case (last five years):

6 Has the Proposer or any person or entity to be covered under this Policy ever had any maritime licence suspended? Yes No

If yes, provide full details:

7 Has the Proposer or any person or entity to be covered under this Policy, or any person or entity who may benefit from this insurance:

(a) ever been charged with, convicted of, or have a pending prosecution for any criminal or statutory offence? Yes No

Note: The answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act 2004.

(b) ever been adjudged bankrupt, gone into (or been a director of a company which has gone into) liquidation or receivership? Yes No

If Yes, to question 7 (a) or (b) please provide full details:

8 Has the Proposer or any person or entity to be covered under this Policy:

(a) in the past five years, experienced any loss (whether or not a claim was made) which would have been covered by or is related to the type of insurance being applied for on this Proposal? Yes No

(b) ever had insurance voided, refused, cancelled, renewal not offered, special conditions and/or premium imposed or a claim refused? Yes No

If Yes, to question 8 (a) or (b) please provide full details:

The Master record and experience

If the vessel is **not** skippered by the Proposer, a Masters Questionnaire (Form MN002) must be completed for each Master employed, as this forms part of the disclosure process for this Contract.

Others navigating

1 Will others be permitted to navigate the vessel? Yes No

2 If yes, state name(s), experience and qualifications:

3 Details of any previous accident to vessels under their control, management or ownership with cost in each case (last five years):

4 Will vessel operate without a qualified master in command? Yes No

Crewing

1 Is a qualified engineer employed aboard? Yes No

2 If yes, name and qualifications:

3 Number of crew when vessel in commission:

Operations and navigating limits

1 Which authority licences vessel: _____ Current to: / / /

2 Specify type of fishing in which vessel engaged: _____

3 Current quota: _____

4 Are you a member of a fishing co-operative? Yes No

5 To whom do you sell your product: _____

6 Home port and area from which vessel will operate: _____

7 Navigational limits required: _____

8 Navigational limits shown on certificate of survey: _____

9 In which area is vessel in statutory survey: _____

10 Expiry date of last statutory survey: / / / (attach copy of current survey)

11 Date of last independent survey: / / / (attach copy of survey report)

12 Where is the vessel normally moored when

(a) In commission: _____ (b) Laid up: _____

13 Advise frequency vessel is

(a) Slipped for inspection: _____ (b) Inspected at moorings: _____

14 Date mooring last inspected: / / /

15 How often will mooring be inspected and maintained: _____

16 Who is responsible for the mooring: _____

17 Vessel's approximate earnings over last twelve months: \$ _____

18 Vessel's approximate operating cost over last twelve months: \$ _____

Current insurance arrangements

1 Is the vessel proposed for insurance presently insured? Yes No

2 If Yes, provide name of current insurer: _____ Expiry date of insurance: / / /

Privacy Act 1993

Personal information is collected to evaluate your insurance requirements including establishing what cover, if any, is to be offered and its terms and premium. All information collected will be held by Lumley General Insurance (N.Z.) Ltd PO Box 2426 Auckland 1140 ("Lumley"). Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

Duty of Disclosure

You have a duty to disclose to us, whether asked for or not, all information that might influence the decision to offer you insurance cover and if so, on what terms and/or premium ("material information"). This duty exists prior to the inception, renewal or variation of your policy. Failure to disclose all material information may result in your policy being avoided. This means your policy will be deemed never to have existed and any claims will not be payable.

If you have any doubt as to whether a fact is material then it should be disclosed.

Declaration

I/We declare that the information provided is in every way correct and complete and all material information has been disclosed.

I/We agree that the information provided will form the basis of any insurance cover that may be offered and that I/we will accept cover on the terms and premium prescribed by Lumley.

I/We authorise Lumley to give to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims made by me/us.

I/We authorise Lumley to use the information provided to advise me/us of their other products and services.

Proposers(s) signature:	Date: / /
Name (please print):	Company Title/Position: