

Description of vessel continued

When was mooring last inspected?	/	/	
How often will mooring be inspected and maintained?			
Where is the vessel laid up?			
What operating range is to be covered?			
Total proposed sum insured – comprising:			
Hull and fittings:	\$		
Machinery and fittings:	\$		
Mast, spars, sails and rigging:	\$		
Auxiliary engine:	\$		
Dinghy(s)/outboard:	\$		
Other equipment (to be specified – please attach schedule)	\$		
Trailer:	\$	Registration No:	
Total sum insured:	\$		
Amount of Third Party liability cover required:	\$		

Notes

Only the vessel is insured – Vessel means the vessel herself, her machinery, boat(s), gear or equipment, such as would normally be sold with the vessel if she changed hands.

If possible, please supply a photograph of the vessel.

General questions

Describe the present condition of the vessel:	
Date the vessel was purchased by present owner: / / Price paid for the vessel: \$	
Additional costs of alterations to the vessel since purchase (description and value):	
Present estimated sound market value of vessel: \$	
Has the vessel been offered for sale within the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the vessel's trade? <input type="checkbox"/> Skippered charter <input type="checkbox"/> Bareboat charter <input type="checkbox"/> Other	
(If Other , please specify):	
Will fare paying passengers be carried?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum number the vessel is licenced to carry:	
Will cargo be carried?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of cargo:	
Capacity (tonnes): Refrigerated (tonnes):	
Which authority licences vessel: Current to: / /	
Crew carried (and qualifications):	
(1)	
(2)	
(3)	
(4)	
(5)	
Has the vessel been surveyed by an independent Surveyor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of survey: / /	
Name of Surveyor:	
List any defects (Attach copy of survey):	
How long have you owned this vessel? years	
Is the vessel proposed for insurance presently insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>

General questions continued

Please give name of present insurer:		
Expiry date of insurance cover: / /		
1 Have you or any other person to be covered under this policy or any person who may benefit from this insurance:		
(a) Ever had any accidents, loss or damage (whether or not a claim was made) to a vessel under your control or ownership during the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Ever withdrawn a claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Ever been involved in or charged with a criminal offence not affected by the Criminal Records (Clean Slate) Act 2004?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Is there any further information that may affect the acceptance of this insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above, please give details:		

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- (a) This Proposal collects personal information about You;
- (b) The information is collected to evaluate the insurance You seek;
- (c) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited;
- (d) The information is being collected and held by Lumley General Insurance (N.Z.) Limited of P.O. Box 2426, Auckland;
- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in Your application for insurance being declined, or Your insurance being void from the beginning;
- (g) You have rights of access to, and correction of this information subject to the provisions of the Privacy Act 1993.

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: / /