



## 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?			
<b>Total proposed sum insured – comprising:</b>			
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:	
<b>Total sum insured:</b>	<b>\$</b>		
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 <b>Other</b> , 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:     /     /		
<b>1</b> 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"/>
<b>2</b> Is there any further information that may affect the acceptance of this insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> 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;
  - (d) The information is being collected and held by Lumley;
  - (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:   /   /