

Marine hull bluewater proposal



Form MN031 02/11

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):	Date of birth: / /
Postal address:	
Occupation:	
Interested parties (eg finance company):	
Period of insurance: From: / / To: / / at 4pm (NZ time)	

Details of craft

1 Name of craft:	
2 Type and design of craft:	
3 Previous name of craft:	
4 Material of hull and how built:	
5 Registration no:	Year built:
6 Tonnage:	Place built:
7 Dimensions: <input type="checkbox"/> metres <input type="checkbox"/> feet Length:	Beam: Draft: Depth:
8 Is the craft professionally built?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9 Builders name:	
10 Where is craft usually based and moored:	

Auxiliary engine

1 Make:	Serial no(s):
2 Year made:	Horsepower: Last overhaul:
3 Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel:	Fuel capacity (litres):

Main engine(s)

1 Make:	Serial no(s):
2 Year made:	No. of cylinders: Horsepower:
3 Max designed speed:	Last overhaul: Location of tanks:
4 Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel:	Fuel capacity (litres): Range:

Proposed sum insured

1 Hull and fittings	\$
2 Machinery and fittings	\$
3 Mast/Spars/Sails/Rigging	\$
4 Auxiliary engine	\$
5 Dinghy(s)/outboard	\$
6 Other equipment (to be specified)	\$ (attach schedule if necessary)
7 Total sum insured	\$
8 Purchase price:	\$

- 9 If sum insured differs from purchase price how is value arrived at? _____
- 10 Present estimated sound market value of craft: \$ _____ If available copy of valuation should be attached.
- 11 Has the craft been offered for sale in the last 12 months? Yes No

Policy extensions

- What amount of Third Party Liability cover is required? \$ _____
- Do you require Racing Risk Extension? Yes No

Safety equipment

1 Fire extinguishers: describe type and number of appliances:

Type	Number	Date last serviced	Next service due

2 Bilge and other pumps: describe type and number of appliances:

Type	Number	Date last serviced	Next service due

3 Is the engine fitted with a flame arrester? Yes No

4 Describe other safety equipment normally carried (eg two-way radio):

General questions

1 How long have you been accustomed to handling boats? _____

2 How long have you owned this craft? _____

3 Details of any previous accidents to craft under your control or ownership with costs in each case (during past 5 years):

4 Is the craft proposed for insurance presently insured? Yes No

5 Give name of present Insurer: _____ Expiry date: / /

6 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

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

8 Is there any further information that may affect the acceptance of this insurance? Yes No
 If Yes, to Questions 6 (a) or (b), 7 (a) or (b) or 8 above, please give details:

9 Do you, or will you, permit others to handle your craft? Yes No

10 How many crew are carried?

11 Describe present condition of craft:

12 Usual use of craft eg: private / charter etc:

Voyage details

1 Port of departure: _____ Date of departure: / /

2 Port of return: _____ Estimated date of return: / /

3 Detail of all Port(s), in order, at which you will call including estimated time of arrival at each:

4 Detail radio schedule(s):

5 If racing, name of all race(s) entered and name of organising committee:

6 Detail any additional safety and navigational equipment to be carried:

7 Intended use on this voyage eg private/charter/etc:

8 Detail mooring arrangements at overseas base:

Skipper

Name: _____ Date of birth: / /

Qualifications/experience: specifically previous voyages:

Navigator/crew

Navigator's name: _____ Date of birth: / /

Qualifications/experience: specifically previous voyages:

Crew	Name	Date of birth	Qualification/Experience - specifically previous voyages
a			
b			
c			
d			
e			
f			
g			
h			

Has the craft previously been blue water cruising/racing?

Yes No

If **Yes**, where:

Warranted: should during the period of policy there be any alteration to skipper, navigator or members of the crew then immediate advice with full particulars is to be given to underwriters whose consent in writing must be obtained.

Warranted: cover shall not apply in respect of night voyages (from sunset to sunrise) within Pacific Island coastal waters unless the full named crew is on board. Ocean passages shall be defined as any voyage to another country or which shall take the insured craft more than 75 miles from the nearest coastline.

Survey report

A professionally completed current survey report must be submitted with this proposal. The survey should give details of fire extinguishers carried, radio and navigational equipment, life saving appliances, any other matter material to the soundness of the craft and its equipment. It is a condition of this insurance that the craft comply with New Zealand Government Regulations before leaving New Zealand waters.

Name of Surveyor:

Date of survey (copy must be attached): / /

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.

Proposer(s) signature:

Date: / /

Name (please print):

Company Title/Position:

Office use only: (Do not complete this section)

	Premium	
Company	\$	Policy no:
FSL	\$	Customer no:
GST	\$	Branch:
Total	\$	Agency: