

Marine hull bluewater proposal



Form MN031 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

Proposers name in full:	
Mortgagee or other interested party:	
Postal address:	
Occupation:	
Period of insurance: From / /	To / / at 4pm (NZ Time)
Where is craft usually based and moored:	

Details of hull

Name of craft:	
Type and design of craft:	
Previous name:	
Material of hull and how built:	
Registration no:	Year built:
Tonnage:	Place built:
Dimensions: <input type="checkbox"/> mtrs <input type="checkbox"/> ft Length:	Beam: Draft: Depth:
Builders name:	
Is the craft professionally or amateur built?	

Auxiliary engine petrol/diesel

Make:	Serial no(s):
Horsepower:	Year made:
Last overhaul:	Fuel (litres):

Main engine(s) petrol/diesel

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

Proposed sum insured

Hull and fittings	\$
Machinery and fittings	\$
Mast/Spars/Sails/Rigging	\$
Auxiliary engine	\$
Dinghy(s)/outboard	\$
Other equipment (to be specified)	\$ (attach schedule if necessary)
Total sum insured	\$
Purchase price:	\$
If sum insured differs from purchase price how is value arrived at?	
Present estimated sound market value of vessel: \$	If available copy of valuation should be attached.
Has the craft been offered for sale in the last 12 months:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Policy extensions

What amount of Third Party Liability cover is required? \$	
Do you require Racing Risk Extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If Yes, cover will be provided on the value of masts, spars, sails and rigging specified under the Proposed Sum Insured.)	

Safety equipment

Fire extinguishers: describe type and number of appliances:	
Bilge and other pumps:	
At what intervals is the above equipment serviced:	
Is the engine fitted with a flame arrester?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe safety equipment normally carried (eg two-way radio):	

Details of proposer

How long have you been accustomed to handling boats?	
How long have you owned this craft?	
Details of any previous accidents to craft under your control or ownership with costs in each case (during past 5 years):	
Is the craft proposed for insurance presently insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give name of present Insurer:	Expiry date: / /
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"/>
(e) 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:	
Do you, or will you, permit others to handle your craft?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many crew are carried?	
Describe present condition of craft:	
Usual use of craft eg: private / charter etc:	

Detail of intended blue water passage

Port of departure:	Date of departure: / /
Port of return:	Estimated date of return: / /

Voyage

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

Detail radio schedule(s):

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

Detail any additional safety and navigational equipment to be carried:

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

Detail mooring arrangements at overseas base:

Skipper

Name: _____ Date of birth: / /

Qualifications/experience, specifically previous voyages:

Navigator

Name: _____ Date of birth: / /

Qualifications/experience: specifically previous voyages:

Crew	Name	Date of birth	Qualification/Experience - specifically previous voyages
1			
2			
3			
4			
5			
6			
7			
8			

Has the vessel previously been blue water cruising/racing? Yes No

If Yes, where:

Note: 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.

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 vessel and its equipment. It is a condition of this insurance that the vessel comply with New Zealand Government Regulations before leaving New Zealand waters.

Name of Surveyor: _____

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

I/we hereby declare that the above described vessel is well founded and in every respect seaworthy and I/we agree to accept the insurers policy subject to the terms and conditions thereof.

Insured(s) signature: _____ Date: / /

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- (a) This proposal form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate the insurance being sought and any claim You may make;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with 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: _____

Date: / /