

Hull and fittings

Type of craft:	Yacht <input type="checkbox"/>	Launch <input type="checkbox"/>	Runabout <input type="checkbox"/>	Other <input type="checkbox"/> (please specify):
Make/Model:	Craft's name:			
Construction:	Year built:	Length:	<input type="checkbox"/> Metres <input type="checkbox"/> Feet	
Inboard Make:	Year:	H.P.:	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	
If your inboard motor is a converted car motor, is it professionally installed? Yes <input type="checkbox"/> No <input type="checkbox"/> Maximum speed: <input type="checkbox"/> Knots <input type="checkbox"/> mph <input type="checkbox"/> kph				
If the Craft is trailered, address where Craft is kept:				
(a) situated: <input type="checkbox"/> In a locked garage <input type="checkbox"/> In a carport <input type="checkbox"/> In the driveway <input type="checkbox"/> On the roadside <input type="checkbox"/> Other (please specify):				
(b) What precautions will be taken to prevent theft of the Craft and Trailer?				
If the Craft is moored, place of mooring: <input type="checkbox"/> Marina <input type="checkbox"/> Pile <input type="checkbox"/> Swing				
It is a warranty of this policy that at all times, while unattended, the property insured will be sufficiently secured to safeguard it against theft except consequent upon forcible and violent means.				
Hull and fittings sum insured: \$				

Outboard motor(s)

<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	Make:	Year:	H.P.:	Serial no:	Sum insured: \$
<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	Make:	Year:	H.P.:	Serial no:	Sum insured: \$
<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	Make:	Year:	H.P.:	Serial no:	Sum insured: \$

Boat trailer

Registration no:	Sum insured: \$
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Sails, masts, spars and rigging

Please complete sum insured in all cases.	Sum insured: \$
If a sailing vessel, do you require the Racing Risk Extension? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Ancillary equipment

Navigational aids, communication equipment and all other equipment (other than personal effects and fishing gear)	
Description:	Sum insured: \$
Description:	Sum insured: \$
Description:	Sum insured: \$

Excess and total sum insured

Excess: <input type="checkbox"/> Minimum \$100 or \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	Total sum insured: \$
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Declaration

To be completed by the Insured(s) shown and also on behalf of any other person to be covered by this insurance.

I declare that:

- 1 All information contained in this proposal and on any attachment is complete and correct;
- 2 I have disclosed all material facts to Lumley (see Your Duty of Disclosure above);
- 3 I agree that this proposal shall be the basis of the contract between me and Lumley and I am willing to accept the terms, conditions and exclusions of this insurance;
- 4 I am authorised to complete this proposal on behalf of all people to be covered by this insurance and they give the same declarations.

By signing this form I authorise Lumley to:

- 1 Check our details on the Insurance Claims Register and place our claims information on the Insurance Claims Register which other insurers can access;
- 2 Disclose our personal information about this insurance to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
- 3 Obtain our personal information held by any other party regarding my/our existing and previous insurances.

Signature of Insured(s):	Date: / /
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For office use only:

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