

Commercial Hull Proposal

Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	<input type="text"/>	Individual	<input type="text"/>
Period of Insurance	From 4pm	<input type="text" value="dd / mm / yyyy"/>	To 4pm	<input type="text" value="dd / mm / yyyy"/>

A Applicant details

1. Name(s) in full

2. Physical address

3. Nature of business - years of experience in business

4. Mortgagee or other interested party

Name	<input type="text"/>	Mortgage amount	\$ <input type="text"/>
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5. Address



B Vessel details

1. Name of craft

2. Type and design of craft

3. Previous name (if any)

4. Material of hull and how built

5. Registration number

6. Year built

7. Tonnage

8. Place built

9. Dimensions

Length

Beam

Draft

Depth

10. Builder's name

11. Values

Purchase cost

\$

Year purchased

Current market value

\$

Replacement cost

\$

C Main engine(s)

1. Make

2. Serial number(s)

3. Horsepower

4. Number of cylinders

5. Year manufactured

6. Maximum designed speed

7. Date last overhauled

8. Fuel capacity (litres)

9. Petrol/diesel

10. Range

D Auxiliary machinery/generators

1. Make
2. Serial number(s)
3. Horsepower
4. Year manufactured
5. Date last overhauled
6. Fuel capacity (litres)
7. Petrol/diesel

E Policy extensions

1. Do you require increased protection and indemnity? Yes No
If 'Yes', to what amount? \$
2. Do you require crew liability? Yes No
If 'Yes', to what amount? \$

F Maintenance

1. How regularly is the vessel inspected/serviced?
2. When was vessel last slipped?
3. What work was undertaken?
4. Has any major work or refit been carried out during the past two years? Yes No
If 'Yes', please describe and give costs.

Work	Cost
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

G Operation

1. Port of registration/operation
2. Usual mooring
3. Sailing limits required
4. No. of crew required to properly operate vessel
5. Type of use of vessel

H Crew

1. Are you the regular skipper?

Yes No

If 'No', please supply name/address and a completed Details of Master form.

Name

Address

2. No. of crew

Note: A separate Details of Master form must be completed by every person who will have command of the vessel.
Please tick to indicate enclosure.

Enclosed

I Previous insurance

1. Has the vessel been previously insured?

Yes No

(a) If 'Yes', state name of insurer.

(b) Policy number (if known)

(c) Expiry date

dd / mm / yyyy

2. Has any insurer ever cancelled, declined to insure or renew any policy for any vessel owned or operated by you?

Yes No

If 'Yes', on what grounds?

3. Has any insurer ever imposed above-normal excess, increased rates or special conditions on any policy of any vessel owned or operated by you?

Yes No

If 'Yes', please give details.

4. Has any vessel owned or operated by you been uninsured?

Yes No

If 'Yes', please give reason and period uninsured.

J Claims experience

1. Have you or any partner, director, shareholder or the skipper or any person who will be involved in the running of the vessel to your knowledge ever:

(a) made a claim in respect of marine insurance?

Yes No

If 'Yes', please give details.

(b) been involved in any way in a total loss at any time?

Yes No

If 'Yes', please give details.

2. Have you suffered any accident or incident causing loss or damage (whether an insurance claim was made or not) on this vessel, or any vessel you own or owned or have had a financial interest in, or any vessel under your control at the time of such loss:

(a) in the past 12 months? Yes No

(b) in the previous 5 years? Yes No

If 'Yes' to either of the above, please provide full particulars.

K Warranties

1. That the vessel is in survey and will remain in survey with the appropriate governmental authority of the state of registration at all times during the currency of this Policy.
2. That the vessel will be skippered, manned, crewed, operated and licensed in accordance with the regulations, any by-laws and all other applicable laws of the appropriate governmental authorities of the state of registration at all times during the currency of this Policy.
3. That the Proposal, Details of Master and warranties incorporated therein form the basis of this Policy and are incorporated herein.
4. That the Insured will comply with all reasonable requests made by QBE for the production and supply to QBE of any financial or other records required of the Insured with regard to income and expenditure of the vessel.
5. That the vessel will remain within the declared sailing limits, unless prior written notice is given to QBE and their approval is obtained, in which case an additional premium may become payable.

Declaration

I/We declare, on behalf of all proposed insureds, that:

- (a) All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- (b) If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- (c) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (d) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant

Date / /

Printed name

Phone

Position

Mobile

Email address

PRINT