

## PLEASURE CRAFT PROPOSAL FORM

Please note that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

General Information	
The proposer (full name):	<input type="text"/> Age: <input type="text"/>
ID No:	<input type="text"/> Occupation: <input type="text"/>
Postal Address:	<input type="text"/> Post code: <input type="text"/>
Physical Address:	<input type="text"/> Post code: <input type="text"/>
Home Tel:	<input type="text"/> Work Tel: <input type="text"/> Mobile Tel: <input type="text"/>
Fax:	<input type="text"/> E-mail: <input type="text"/>
Are you the sole owner of the vessel?	<input type="checkbox"/> Y <input type="checkbox"/> N If no, give full details: <input type="text"/>

### SCHEDULE OF INSURANCE

A. Vessel details	
Type or make:	<input type="text"/> Length: <input type="text"/> Year Built: <input type="text"/> Serial No: <input type="text"/>
Hull Material:	<input type="text"/> Manufacturer: <input type="text"/> Sum Insured: R <input type="text"/>

B: Engine/Motor details																																											
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C: Trailer	
Manufacturer:	<input type="text"/> Year: <input type="text"/> Reg/Chassis No: <input type="text"/> Sum Insured: R <input type="text"/>

D: Sporting & safety equipment																																					
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**E: Special Electronic Equipment**

Description	Serial No	Age	Sum Insured:	R
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2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Sum Insured**

Add the totals from Sections A, B, C, D and E for the total sum insured: R

**Additional Information**

Purchase date of Vessel:  Vessel Purchased from (Private/Dealer):

Purchase price:  Is this a 12 month Policy?  Y  N If Yes, Inception Date:

Is the vessel financed?  Y  N Institution:  Will the vessel be used for Surf Launching?  Y  N

Is the vessel used for Private and Pleasure purposes only?  Y  N If No, state purpose:

Territorial Limits:

Will the vessel be used for racing?  Y  N No of years as owner of this type of vessel:  No of years as crew on a craft of this type:

What is the maximum design speed with present engines?  Will the vessel only be used in inland waters?  Y  N

State your qualifications:  SAMSAs Skippers Ticket  Yacht Masters Certificate  SA Sailing Certificate

Other (Please indicate)

Are you a member of a Boat/Yacht club?  Y  N If yes, give details:

**Declarations**

Claims History - What accidents, losses or insurance claims have you had during the past five years? Failure to fully disclose information may lead to repudiation of any claims submitted by you or your family under this policy.

\*If you answer "Yes" to any of these four questions, please submit full details on a separate page or on notes tab below.

Have you previously insured your vessel?\*  Y  N If yes, please state institution:

Have you had any insurance declined, cancelled or renewed under restricted terms by insurer?\*  Y  N

Have you, or any person using your craft ever been convicted of any offence involving dishonesty of any kind? (I.e. fraud, theft, smuggling, robbery, arson, ect. )\*  Y  N

Do you or any person operating the vessel ever suffered from Diabetes, epilepsy, heart condition, or any other mental or physical disability, infirmity or disease, or had any condition controlled by drugs?  Y  N

Risk Address of Vessel: (Please advise Insurer should this change)

What security measures are in place to protect your vessel?

If afloat on moorings, please state the name and location of the Marina:

Are the moorings professionally laid, maintained and secured?  Y  N Do you require cover for road transit?  Y  N

**Notes**

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IF A VALUED ITEMISED INVENTORY OF SPECIAL EQUIPMENT IS NOT ATTACHED, COVER WILL ONLY BE THEFT DUE TO PHYSICAL AND VIOLENT ENTRY INTO VESSEL.

Please ensure the following is forwarded to Insurers:

Fully completed and signed proposal forms

Vessel Certificate of Fitness

Copy of purchase invoice

Skippers Certificate of Competency

Colour photograph of vessel

An out of water survey report may be requested for vessels older than 10 years.

SASRIA (separate riot and strike cover) is included by the South African Special Risks Insurance Association (SASRIA) Reg. No. 79/99287/08 in this Policy.

A Debit Order will be processed from your account in advance on the 1st working day of every month. The reference on your bank statement will reflect EPIC who is the Financial Provider with authority to collect the premium.

Name of Bank:

Branch:  Account No:

Type of Account:  Branch Code:

Name of Account Holder:  Signature \_\_\_\_\_

NOTE: By signing this form you appoint Club Marine Insurance as your broker for the risks as laid out by this proposal.

**DECLARATION OF THE PROPOSER:**

I hereby declare that the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I undertake to exercise all ordinary and reasonable precautions for the safety of the property i e moveable items to be locked away when not in use when the boat is stored. I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my agent for the purpose, and I agree that this declaration and the answers given above shall be the basis of the contract between me and the Company, and I further agree to accept a Policy subject to the usual conditions prescribed by the Company and endorsed on their Policy, and to pay the premium thereunder when called upon to do so.

It is my sole responsibility to ensure that the funds are available for premium collection, if the account reflects insufficient funds, stopped payment or account closed the policy will automatically be cancelled unless prior arrangements have been made by the insurer. Written notice of 30 days is required for the policy to be cancelled. Signing this form does not bind the Proposer to effect this insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.

Dated: \_\_\_\_\_ Signature of Proposer: \_\_\_\_\_

*The Company reserves the right to decline this Insurance*