



## 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.

### PERSONAL INFORMATION

Full name:  ID No:  Age:

Physical Address:  Home Tel:  Fax:

Post Code:  Mobile Tel:  Work Tel:

E-mail:

Postal Address:  Are you the sole owner of the vessel? **Y N**

Post Code:  If no, give full details:

Occupation:

### ADDITIONAL INFORMATION

Purchase date of Vessel:  Inception Date of this policy:  Purchase Price: **R**

Monthly or Annual:  Vessel Purchased (private/dealer):  Will the vessel be Surf Launched? **Y N**

Is the vessel financed? **Y N** Institution:  Territorial Limits:

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

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:

Are you a member of a boat/yacht club? **Y N** If yes, give details:

### DECLARATIONS

If you answer "YES" to any of the following four questions, please submit full details on a separate page or on notes tab on page 3.

- 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 an 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, etc.) **Y N**
- Have you or any person operating the vessel ever suffered from diabetes, epilepsy, heart condition, mental or physical disability, infirmity/disease, drug control conditions? **Y N**
- Risk Address of Vessel: (Please advise broker should this change)
- What security measures are in place to protect your vessel?
- If afloat on moorings, please state the name / location of the Marina:
- Are the moorings professionally laid, maintained and secured? **Y N** Details:
- Claims History (WATERCRAFT ONLY) - 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.

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

# SCHEDULE OF INSURANCE

It is the sole responsibility of the Proposer to ensure the values stated herein are accurate, the Broker is not qualified to offer a valuation service.

| A: VESSEL DETAILS   |  | NOTE: The Sums insured for the Vessel must represent - New Replacement Value 1 - 4 years / Market Value 4 years +  |  |
|---|--|--|--|
| Type or Make:   | <input style="width: 150px;" type="text"/> | Length:  | <input style="width: 50px;" type="text"/>  |
|   |  | Year Built:  | <input style="width: 50px;" type="text"/>  |
|   |  | Serial No:   | <input style="width: 150px;" type="text"/> |
| Hull Material:  | <input style="width: 150px;" type="text"/> | Manufacturer:  | <input style="width: 150px;" type="text"/> |
|   |  | Sum Insured:   | <b>R</b>                                   |
| B: ENGINE/MOTOR DETAILS   |  | NOTE: The Sums insured for the Motor/s must represent - New Replacement Value 1 - 4 years / Market Value 4 years + |  |
|   | MANUFACTURER:                              | HP:  | YEAR OF MAKE:                              |
|   | SERIAL NO:                                 |  |  |
| Outboard 1:   | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/>  | <input style="width: 50px;" type="text"/>  |
|   |  |  | <b>R</b>                                   |
| Outboard 2:   | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/>  | <input style="width: 50px;" type="text"/>  |
|   |  |  | <b>R</b>                                   |
| Inboard 1:  | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/>  | <input style="width: 50px;" type="text"/>  |
|   |  |  | <b>R</b>                                   |
| Inboard 2:  | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/>  | <input style="width: 50px;" type="text"/>  |
|   |  |  | <b>R</b>                                   |
| Sneaker 1:  | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/>  | <input style="width: 50px;" type="text"/>  |
|   |  |  | <b>R</b>                                   |
| Propeller Make:   | <input style="width: 150px;" type="text"/> | Pitch/Material:  | <input style="width: 150px;" type="text"/> |
|   |  |  | <b>R</b>                                   |
| C: TRAILER DETAILS  |  | NOTE: The Sum insured for the Trailer must represent - New Replacement Value                                       |  |
| Manufacturer:   | <input style="width: 150px;" type="text"/> | Year:  | <input style="width: 50px;" type="text"/>  |
|   |  | Registration No:   | <input style="width: 150px;" type="text"/> |
| Chassis No:   | <input style="width: 150px;" type="text"/> | Anti-theft Device:   | <input style="width: 150px;" type="text"/> |
|   |  |  | <b>R</b>                                   |
| <b>NOTE: Please retain Annual Service Records for motor/s and trailer</b> |  |  |  |

| D: SPORTING AND SAFETY EQUIPMENT         |  | NOTE: Equipment must be itemised individually & insured at the new replacement value |          |
|--|--|--|----------|
|  | DESCRIPTION <i>(Full Description Required)</i> |  |          |
| 1. Boat Cover:                           | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 2. Motor Cover:                          | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 3. Sun Canopy:                           | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 4. SAMSA regulated Safety Gear Category: | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 5.                                       | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 6.                                       | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 7.                                       | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 8.                                       | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |
| 9.                                       | <input style="width: 150px;" type="text"/>     |  | <b>R</b> |

| E: SPECIAL ELECTRONIC EQUIPMENT |  | NOTE: Equipment must be itemised individually & insured at the new replacement value |   |
|---------------------------------|--|--|---|
|                                 | MAKE:                                      | MODEL / SERIAL NUMBER:   | AGE:                                      |
| 1.                              | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/>   | <input style="width: 50px;" type="text"/> |
|                                 |  |  | <b>R</b>                                  |
| 2.                              | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/>   | <input style="width: 50px;" type="text"/> |
|                                 |  |  | <b>R</b>                                  |
| 3.                              | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/>   | <input style="width: 50px;" type="text"/> |
|                                 |  |  | <b>R</b>                                  |
| 4.                              | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/>   | <input style="width: 50px;" type="text"/> |
|                                 |  |  | <b>R</b>                                  |
| 5.                              | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/>   | <input style="width: 50px;" type="text"/> |
|                                 |  |  | <b>R</b>                                  |

|   |          |
|---|----------|
| <b>TOTAL (SECTION A, B, C, D AND E ABOVE)</b> | <b>R</b> |
|---|----------|

| LIABILITY COVER   |                   |
|---|-------------------|
| 1. Legal Liability limits can be extended by an additional R7.5 million at a premium of R15 per month per vessel. | <b>Y</b> <b>N</b> |

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

# SCHEDULE OF INSURANCE

## SASRIA

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

## DOCUMENTS

**Please ensure the following are forwarded:**

Fully completed and signed proposal forms

Vessel Certificate of Fitness

Skippers Certificate of Competency

Colour photograph of vessel and gear

Identification Document (ID)

Trailer Registration

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

## NOTES

## ADMINISTRATION FEE

Referred/Collected by:

Once off Fee: R

## BANK DETAILS

**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:

Account No:

Type of Account:

Branch:

Branch Code:

Name of Account Holder:

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

## DECLARATION OF THE PROPOSER

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

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 and accepted. Signing this form does not bind the Insurer 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. By my signature hereto I agree to have my bank account debited as per banking details completed above on the first day of each month for the full amount due in respect of this policy as per the policy schedule (ONLY APPLICABLE IF MONTHLY POLICY).

**RECORD OF ADVICE:** I hereby declare that, relevant cover details under this short term insurance product, which include premium and relevant fee's due have been explained to my satisfaction. I acknowledge as to what to insure and the value / limits to be insured are my sole responsibility and that Club Marine Insurance do not provide valuation services. I further declare that this short term insurance product meets my requirements.

Date: \_\_\_\_\_

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

*The Company reserves the right to decline this Insurance*