

MARINE INSURANCE PROPOSAL FORM

Particulars of Proposer		
Owner of the Vessel:		
Address:		
City:	State/Country:	Zip/Postcode:
Country:	Email:	Phone:
Date of Birth:	Occupation:	
Boating Qualifications:		
Boating Experience (Years):		

Additional Insured		
Name:	Date of Birth:	
Address:		City:
State/Country:	Zip/Postcode:	Boating experience (years):
Boating Qualifications:		

Particulars of Vessel		
Name:	Serial/Hull Number:	
Country of Registration/Flag:		Year Built:
Length:	Manufacturer:	Model:
Type: Sail <input type="checkbox"/> Motor <input type="checkbox"/> Other <input type="checkbox"/>	Is the Vessel a Conversion: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Construction Material: Fiberglass <input type="checkbox"/> Aluminium/Steel <input type="checkbox"/> Wood <input type="checkbox"/> Ferro-Cement <input type="checkbox"/> Other <input type="checkbox"/>		
Date Purchased:	Price Paid (Include Currency):	
Date of Last Survey:	Name of Surveyor:	

Particulars of Vessels Main Engine		
Manufacturer:	Model:	Year Built:
HP:	Fuel:	Serial Number:
Number of Engines:	Maximum Designed Speed (Knots):	

Particulars of Tender/Dinghy/Life Raft		
Serial/hull Number:	Does it display parent vessels name? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Manufacturer:	Model:	Length:
Year Built:	Purchase date:	Purchase price:

Particulars of Outboard Motor		
Manufacturer:	Model:	Year Built:
HP:	Fuel:	Serial number:
Outboards locked to transom or stored in locked premises when not in use? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Safety Equipment
Automatic Fire Extinguisher <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder <input type="checkbox"/> Auto Pilot <input type="checkbox"/> Engine Alarm <input type="checkbox"/> VHF Radio <input type="checkbox"/> Theft Alarm <input type="checkbox"/> Tracking Device <input type="checkbox"/> Surveillance System <input type="checkbox"/> Locked/Fenced Enclosure <input type="checkbox"/> Secured Building <input type="checkbox"/> Yacht Controller <input type="checkbox"/> CO Detector <input type="checkbox"/> Other: _____
Number of Handheld Fire Extinguishers:
Location of Automatic fire Extinguishers: Engine <input type="checkbox"/> Tank Space <input type="checkbox"/> Galley <input type="checkbox"/> Other: _____

<i>Gas System</i>		
Liquefied Petroleum Gas used (LPG): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cylinder kept in a self-draining cockpit locker: Yes <input type="checkbox"/> No <input type="checkbox"/>	Delivery tubing copper or BS/ISO approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<i>Cruising range</i>		
Please give full details of your Cruising Itinerary:		
<i>Mooring location</i>		
Name of Location:	Type of Mooring Used:	
Laid up location:	Laid up dates. From:	To:

<i>Sums to be Insured</i>		
Insured	Currency	Amount
Hull/Machinery/Gear/Equipment. (Items that come as standard)		
Tender/Dinghy/Life raft		
Outboard motor(s)		
Trailer, Serial number:		
Personal effects (list items you wish to cover with values separately)		
Navigation equipment (list items you wish to cover with values separately)		
Mast/Spars/Sails/Rigging (for racing risk only)		
Total Sums Insured		
Third Party Liability (please advise amount required for your area)		
Uninsured Boater		
Medical Payments		
Captain and Crew Liability		

<i>Coverage required</i>		
Fully Comprehensive: Yes <input type="checkbox"/> (Sums to be insured must be completed) No <input type="checkbox"/>	Third Party Liability only: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Private and Pleasure only: Yes <input type="checkbox"/> No <input type="checkbox"/>	Commercial Cover: Bareboat Charter <input type="checkbox"/> Captain Charter <input type="checkbox"/> Other <input type="checkbox"/> (If other please advise usage):	
Passenger liability: Yes <input type="checkbox"/> No <input type="checkbox"/>	Max number of passengers:	
Windstorm Cover: None <input type="checkbox"/> Force 7-12 per the Beaufort Scale (excluding named and numbered storms) <input type="checkbox"/>		
All Storm (Includes named and numbered storms) <input type="checkbox"/>		
Racing: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes name of race(s):		
Salvage & Wreck Removal: Yes <input type="checkbox"/> No <input type="checkbox"/>	Night Navigation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Solo Sailing: Yes <input type="checkbox"/> No <input type="checkbox"/>
Houseboat/Live Aboard: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unattended (on anchor): Yes <input type="checkbox"/> No <input type="checkbox"/>	Water Skiing/Inflatable Towing Yes <input type="checkbox"/> No <input type="checkbox"/>
Agreed Value: Yes <input type="checkbox"/> (If yes pictures and a survey no older than 2 years required) No <input type="checkbox"/>		

<i>Declaration</i>
Have you or any person who may use this vessel with your permission ever had: -
Insurance on any vessel declined or special terms imposed: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide information on the terms imposed:
Any accident or losses in respect of any vessel: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide loss information:
Ever been charged with or convicted of any offence involving dishonesty: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details of offence:
Is the vessel the subject of any mortgage or financial agreement: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details of the loan company:
Are you the sole owner of the vessel: Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please provide details of the other owner(s):
Do you have any disabilities or illnesses that may affect your ability to operate your vessel: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise disabilities or illnesses:
Preferred cover start date:
Previous/current insurance company:
No claims years bonus:

I hereby declare that all the information I have given on the proposal form is correct at the time of signing and that I understand I will be obliged to inform Insurers of any changes that occur during the policy period and that failure to do so could invalidate this contract of insurance. I also declare that if anything on this form was written by another person he/she acted as my agent for this purpose. Signing below does not bind the proposer to complete this insurance. The Company reserves the right to decline any proposal. The Proposer should keep a record of all information supplied to the Insurer for the purpose of entering into the Contract, and a copy of this Proposal will be supplied on request, within a period of three months after completion. This insurance contract will be placed with an Insurer located and registered outside your place of domicile and/or agreed geographical area of operation/use and therefore as a non-authorised or regulated Insurer you will not be protected by any policyholder protection or data protection acts that may apply.

Please Tick the box confirm you have read and accept the policy clauses:

SIGNED:

DATED:

APPOINTED CLAIMS AGENTS AND CONSULTANTS
EDWARD WILLIAM SL
 Avenida Carmen Sáenz de Tejada S/N, Edificio S208 Planta 2,
 Oficina 4A, 29651 Las Lagunas de Mijas, Málaga, 29651