



Client no: \_\_\_\_\_

Policy no: \_\_\_\_\_

# Boat Building Plan

# Proposal

## 1. Introduction

### PROPOSER DETAILS

1. Name of proposer

2. Postal address

3. Period of insurance  /  /  to 4 pm  /  /

4. Business/occupation

5. Other interested parties

Name

Interested as

## 2. Vessel description and cover required

1. Please complete the following

Description of vessel and design	Year Built	Length	Beam	Draft
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of vessel (e.g. yacht)	Material of Hull	Make of Engine(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Value of mast, spars, rigging and sails (if applicable) \$

Value of vessel at commencement of risk \$

Total Contract price \$

Estimated completed value \$

### Boat building premises

2. Name of boat builder

3. Situation of builder's premises

4. Please state construction details of builder's premises

Roof	Floor	Walls
<input type="text"/>	<input type="text"/>	<input type="text"/>

### OFFICE USE ONLY

1. Branch

2. Broker/agency no.

3. Client no.

4. Policy no.

5. Proximity to adjoining buildings

6. Please list full details of fire fighting appliances and fire alarms

7. Please provide full details of security of building

8. Is a burglar alarm installed at the premises?

YES NO

If Yes, please supply details of alarm

#### Type of cover required

9. Please select the type of insurance required

Full cover; Institute Clauses for Builders' Risks

Fire and Extraneous Perils

Fire only

10. Is cover required for loss or damage caused by earthquake and volcanic eruption?

YES NO

11. Is cover required for transit?

YES NO

If Yes, will a professional carrier be used?

YES NO

#### Insurance history

12. Please advise details of any other insurance on the vessel

13. Have you or the boat builder ever had any accidents or claims involving boats?

YES NO

If Yes, please give details below

### 3. Important notices

#### Disclosure and Declaration

You must give Vero Insurance New Zealand Limited (Vero) complete and accurate information when completing this proposal.

Have you or your defacto partner or any of your family, business partners, directors, trustees spouse and/or beneficial owners, managers or any other person or entity to be covered by the insurance proposed:

- Suffered loss or damage exceeding \$1,000 to any property (whether insured or not)?
- Ever been subject to legal liability claim?
- Ever had any insurance declined, cancelled, renewal refused, terms imposed or claim declined?
- Engaged in any criminal activity or had any criminal convictions or acquittals or have any criminal proceedings pending?
- Is there any further information likely to affect this insurance?

If you have answered 'Yes' to any of the above questions please provide details in the box below. If you fail to answer the questions correctly we may not pay your claim or may even cancel your policy from the starting date of the policy.

If you are in doubt about which details you should disclose, then please discuss these with us.

a)	
b)	
c)	
d)	
e)	

Who were the previous insurers in the last five years?

#### Privacy Act/ Insurance Claims Register

I/We authorise:

Vero to obtain from any other party including the Insurance Claims Register Limited, personal information about me/us that is relevant to our acceptance of this proposal or to any claim under the policy proposal.

The disclosure of personal information contained in this proposal to other insurers and/or to Insurance Claims Register Limited.

Vero to disclose to other insurers and/or to Insurance Claims Register Limited details of any claim made by me/us under this policy or any previous policy.

Vero to use personal information to advise me/us of their services.

I/We understand that:

I/We have certain rights of access to and correction of this information.

I/We declare that:

The information given in this proposal is in every respect correct and complete.

This proposal shall be the basis of the contract between me/us and Vero.

I/We agree to accept cover subject to Vero's policy conditions and any special terms they may require.

The sum insured represents the full value of the property to be insured.

#### Signature

Date / /	Signature:
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#### OFFICE USE ONLY

#### PREMIUM

	First Period	Annual
Company premium		
Company earthquake		
Fire services levy		
Sub-total		
Plus GST		
TOTAL	\$	\$
Excess	\$	

