

Private Boat Proposal

Reference

1. Your details

Name(s) in full (joint if applicable)	First name/s	Surname
1. Mr/Mrs/Miss/Ms/Other	<input type="text"/>	<input type="text"/>
2. Mr/Mrs/Miss/Ms/Other	<input type="text"/>	<input type="text"/>
Residential address <input type="text"/>		
Postal address (if different from above) <input type="text"/>		
Email address <input type="text"/>	Occupation(s) 1. <input type="text"/> 2. <input type="text"/>	
Date(s) of Birth of main proposer(s)	1. <input type="text"/> / <input type="text"/> / <input type="text"/>	2. <input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone – Private (<input type="text"/>)	Business (<input type="text"/>)	Mobile (<input type="text"/>)
When do you need cover?	From start date <input type="text"/>	To <input type="text"/> at 4pm and renewable annually
How do you wish to pay?	Annually <input type="checkbox"/>	Instalment <input type="checkbox"/> (please complete a separate form if paying by instalment)

2. Boat details

Type of boat: Yacht Powerboat Launch Jetboat Other:

Year Built	Make, builder and model	Boat name and number	Purchase price	Purchase date
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	/ / <input type="text"/>
Length	metres	Draft	metres	Beam
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hull material <input type="text"/>				
Type of engine	Manufacturer and year	Horsepower	Engine serial number	Type of fuel
Main	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inboard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outboard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auxiliary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trailer	Make <input type="text"/>	Year <input type="text"/>	Registration number <input type="text"/>	
Dinghy	Make <input type="text"/>	Year <input type="text"/>	Length <input type="text"/>	metres

3. Cover required

Item(s)	Sum Insured	Item(s)	Sum Insured
Hull, fixtures and fittings	\$ <input type="text"/>	Boat trailers	\$ <input type="text"/>
Sails, masts, spars, rigging	\$ <input type="text"/>	Dinghy	\$ <input type="text"/>
Machinery and inboard motors	\$ <input type="text"/>	Clothing	\$ <input type="text"/>
Outboard motors	\$ <input type="text"/>	Fishing and sporting equipment	\$ <input type="text"/>
Auxiliary motors	\$ <input type="text"/>	Any other additional equipment/gear	\$ <input type="text"/>

NB: A valuation is required where the total amount to be insured is over \$200,000 or when requested by Vero.

If your boat is a yacht, do you require cover while racing? Yes No (If yes, additional premium applies)

If the boat is under hire purchase, finance or lease, please give full details of the interested party:

4. Location of the boat

Is your boat: Trailered Moored Other If Other, please describe method of storage and location.

a) If trailered, where is it kept when not in use: Street Garage Driveway Front yard Back yard Other

b) If moored, advise the following:

Location of mooring

Type of mooring

Marina

Pile

Swing

Other

Date mooring last lifted

Does the mooring meet minimum port or local authority requirements for:

i) the size of the boat?

Yes

No

ii) its condition?

Yes

No

5. General details

Is the boat sound and seaworthy?

Yes

No

Do you belong to a boat club?

If yes, name of boat club

Yes

No

Please provide details of any relevant experience in handling boats, and any boating qualifications for yourself and anybody else operating the boat (please attach a copy of qualifications to qualify for a premium discount):

Please provide details of any theft prevention and security devices on the boat and trailer (if you have an approved security device you qualify for a premium discount):

Are fire extinguishers kept on board?

Yes

How many

No

Is the boat ever used for business or charter purposes?

Yes

No

If you have answered "Yes" please provide details

6. Questionnaire and Declaration

1. Have you or your family members, de facto partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:

a) In the last 10 years:

i. Suffered loss or damage exceeding \$1,000 to any property (whether insured or not)?

Yes

No

ii. Made an insurance claim?

Yes

No

iii. Been subject to lawsuit or a legal liability claim?

Yes

No

iv. Been bankrupt?

Yes

No

b) Ever:

i. Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined?

Yes

No

ii. Engaged in any criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending?

Yes

No

2. Is there any further information likely to affect this insurance?

Yes

No

If you have answered "Yes" to any of the above questions please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. (Details should also include name of Insurance Company(s) and Policy Number(s), where applicable).

3. Who was your Insurance Company for the last 12 months?

Policy No

7. Your Duty of Disclosure

Your Duty of disclosure You have a duty to tell Vero Insurance New Zealand Limited (Vero) any information which would influence Vero's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Vero may avoid your insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.

I/we declare that: **1.** The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance. **2.** This Proposal shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy conditions and any special terms they may require.

I/we authorise: Vero to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

I/we understand that: **1.** The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Vero, 48 Shortland Street, Auckland. **2.** Vero may refuse to provide the insurance cover if I/we fail to provide the information sought. **3.** I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed (Signatures of Proposers)

Dated