

HULL INSURANCE PROPOSAL (YACHT AND SMALL CRAFT)

1. NAME OF PROPOSER : _____
 OCCUPATION : _____
 ADDRESS : _____

 VESSEL – PURPOSE OF USE: _____

 PHONE NO. : _____ (PRIVATE)
 _____ (BUSINESS)

2. NAME OF VESSEL : _____
 REGISTRATION NO. : _____
 TONNAGE (G.R.T.) : _____
 LENGTH : _____
 DRAUGHT : _____
 BEAM : _____

3. **VESSEL**
 TYPE OF VESSEL : _____
 MATERIAL OF HULL : _____
 AGE : _____
 BUILDERS : _____

 PROFESSIONAL / AMATEUR : _____
 WHERE BUILT : _____

4. DETAILS OF MOTOR(S) : _____

 OR ENGINEER TYPE : _____
 SERIAL NO. : _____
 DATE OF MAKE : _____



MAXIMUM DESIGNED : _____
SPEED
TYPE OF FUEL : _____

QUANTITIES STORED : _____
(ABOVE OR BELOW DECK) _____

5. NO. & TYPE OF FIRE : _____
EXTINGUISHERS

6.	PARTICULARS	SUM INSURED
a.	VALUE HULL AND FITTINGS	_____
b.	MACHINERY / OUTBOARD MOTOR(S)	_____
c.	DINGHY	_____
d.	BOAT TRAILER	_____

NB. - i. **HULL INCLUDES SAFETY EQUIPMENT**
ii. **MACHINERY INCLUDES PUMPS, GENERATORS, AUXILIARY ENGINES, OUTBOARD MOTOR ETC...**

7. GIVE DETAILS OF PREVIOUS ACCIDENTS TO BOATS UNDER YOUR CONTROL OR OWNERSHIP WITH COSTS (DURING PAST 5 YEARS)

8. HAS ANY INSURER EVER DECLINED TO INSURE OR RENEW COVER OR IMPOSED RESTRICTIONS TO PROPONENT EITHER INDIVIDUALLY OR IN PARTNERSHIP?

9. IS THE VESSEL PRESENTLY INSURED? IF YES, GIVE NAME OF CURRENT INSURER & EXPIRY DATE.

10. WHAT EXPERIENCE HAVE YOU HAD IN HANDLING OF THIS AND/OR OTHER TYPE OF SMALL VESSEL?

Sun Insurance Company Limited

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Tel: 331 3822 Fax: 331 3882 E-mail: info@suninsurance.com.fj Website: www.suninsurance.com.fj



11. WILL VESSEL BE USED SOLELY FOR PRIVATE PLEASURE PURPOSE? _____
12. IF NOT GIVE FULL PARTICULARS.

13. CRUISING LIMITS _____

14. WHERE IS VESSEL NORMALLY MOORED? _____
15. WILL VESSEL TOW WATER SKIERS? _____
16. DATE OF LAST HULL SURVEY : _____ (COPY OF SURVEY REPORT MUST BE ATTACHED TO PROPOSAL)
17. DATE PURCHASED BY PROPONENT : _____ PRICE : _____
18. NATURE & COST OF REPAIRS, REPLACEMENTS, ALTERATIONS DURING LAST 12 MONTHS.

19. PRESENT SOUND : _____
20. PERIOD OF INSURANCE MARKET VALUE : _____
21. INSURANCE CONDITIONS REQUIRED

22. AMOUNT OF THIRD PARTY PROTECTION & INDEMNITY LIABILITY REQUIRED _____
23. DO YOU REQUIRE THIRD PARTY LIABILITY TO OR INCURRED BY WATER SKIERS? _____
24. LOSS OR DAMAGE IN RESPECT OF TRAILER?

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NB. - NO THIRD PARTY LIABILITY IN RESPECT OF TRAILER

I/WE WARRANT THAT THE ABOVE STATEMENT AND PARTICULARS ARE CORRECT AND COMPLETE, THAT THE PROPERTY DESCRIBED HEREIN IS SOUND AND IN THOROUGH REPAIR, AND I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL FORM THE BASIS OF THE CONTRACT OF INSURANCE BETWEEN ME/US AND THE INSURER. IF THIS PROPOSAL IN ANY PARTICULAR IS FILLED IN BY ANY OTHER PERSON THAN THE PROPOSER SUCH PERSON SHALL BE DEEMED THE AGENT OF THE INSURED AND NOT THE AGENT OF THE INSURER.

COMPANY PREMIUM: _____

STAMP DUTY: _____

TOTAL PREMIUM: _____

DATE : _____

SIGNATURE OF PROPOSER : _____

OFFICE USE :

DEDUCTIBLE :

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