

PLEASURE CRAFT INSURANCE PROPOSAL FORM

الاتحاد للتأمين
UNIONINSURANCE



Details of Proposer											
Insured's full name											
Address											
Name of Owner (if not the Insured)						Occupation					
Phone (Work)						(Home)					
(Fax)						Date of birth (DD/MM/YYYY)					
Experience & Qualifications											
a) In this type of craft _____ (i) years as skipper _____ (ii) as crew _____											
b) In craft generally _____ (i) years as skipper _____ (ii) as crew _____											
Have you had any accidents/claims/losses in connection with any vessel you have sailed/owned/under your control in the last 5 years ?											
						<input type="checkbox"/> YES			<input type="checkbox"/> NO		
If "YES" please provide details, including dates and amounts paid: _____											
Have you ever been refused insurance ?											
						<input type="checkbox"/> YES			<input type="checkbox"/> NO		
If "YES" please provide details _____											
Have you or any person you have allowed or may allow to use your craft, ever been charged with or convicted of any offence involving dishonesty of any kind, eg. fraud, arson, robbery, smuggling, theft or handling stolen goods?											
						<input type="checkbox"/> YES			<input type="checkbox"/> NO		
If "YES" please provide details _____											
Previous insurers _____ Details of N.C.B. if applicable (please attach proof) _____											
Details of Vessel											
Name						Type/model					
Serial Number						Registration No. (Please attach a copy)					
Passenger Capacity						Builders					
Port of Registry						Flag					
Material of Hull (Fiber Glass / Steel / Wood)						Mast					
Class						Date built					
Hull Identification No						Other Identification No					
Date purchased						Price paid					
Length			Beam			Draft			Tonnage		
Sail area (if applicable)						Maximum Designed Speed					
Type of rigging						<input type="checkbox"/> Masthead		<input type="checkbox"/> Fractional		<input type="checkbox"/> Other (Please state) _____	
Type of hull						<input type="checkbox"/> Mono		<input type="checkbox"/> Catamaran		<input type="checkbox"/> Trimaran	
Has the vessel been professionally surveyed in the last three years											
If yes, please provide surveyor's name and attach a copy of survey						<input type="checkbox"/> YES			<input type="checkbox"/> NO		
Value to be Insured (in AED)											
Please list any other specific items within the vessel value											
1) Vessel						Value & Description					
2) Dinghy/Tender						Value & Description					
3) Outboard motor(s)						Value & Description					
4) Trailer						Value & Description					
5) Personal Effects*						Value & Description					
* Personal Effects are defined as items that would not be sold with the vessel and are limited to AED 1,500/- any single item (or the equivalent in any other currency)											
Total Sum to be Insured AED _____											

Engine/Machinery Details

Make and model of engine(s)		Serial Number(s)	
Name of Manufacturer(s)		Maximum Designed Speed	
Year built	H.P. (Total)	Number of engines	
Type	<input type="checkbox"/> Inboard	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Jet
		<input type="checkbox"/> Outboard	<input type="checkbox"/> Surface-drive
<input type="checkbox"/> Other			
Fuel	<input type="checkbox"/> Petrol	<input type="checkbox"/> Diesel	<input type="checkbox"/> CODAG
		<input type="checkbox"/> CODOG	<input type="checkbox"/> CO2
Fire Extinguishers	<input type="checkbox"/> Manual	<input type="checkbox"/> Water	<input type="checkbox"/> Foam
	<input type="checkbox"/> Automatic	<input type="checkbox"/> CO2	
<input type="checkbox"/> Other			
Do you wish to cover the outboard motor against dropping off and falling overboard?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please state make, model, age and H. P. of outboard motor _____			

Use of Vessel and Coverage

Use	<input type="checkbox"/> Private pleasure	<input type="checkbox"/> Skipper charter	<input type="checkbox"/> Bareboat charter
If day charter please state number of passengers _____			
<input type="checkbox"/> Other (please state)			
Moorings:	<input type="checkbox"/> Marina pontoon	<input type="checkbox"/> Marina stern to	<input type="checkbox"/> Swing
	<input type="checkbox"/> Fore & aft	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Pile
Where will the vessel be moored ? _____			
Months in-commission	Location of lay-up		
Is the vessel subject to finance/mortgage? If so, please state amount of loan and name of finance company _____			
Date cover is to commence _____ to _____ Third party limit required _____			
Limit for water-skiers liability limit required _____ Deductible required _____			
Will the vessel be used for racing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "Yes", please answer the following Details / Experience of permanent crew _____			
Replacement value of mast, spars, sails and rigging _____			
Navigation limits	<input type="checkbox"/> UAE Territorial Waters only	<input type="checkbox"/> Other (please state)	
DECLARATION: All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them. I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued. I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person deemed to be the agent of the proposer for the purpose of completion purposes.			
Signed	Full name	Date (DD/MM/YYYY)	