

YACHT AND PLEASURE CRAFT INSURANCE PROPOSAL FORM



A full policy wording is available on request.
PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>	Broker/Agency <input type="text"/>
Broker/Agent Quote Ref	<input type="text"/>	
OFFICE USE ONLY		
Policy No	<input type="text"/>	
Authorised	<input type="text"/>	

Full Name Mr/Mrs/Miss/Ms Date of Birth

Address Postcode:

Email Address Work Tel No. Home

Occupation(s)

Number of years sailing experience for this type of craft years

Marine Qualification(s) (please specify) Date Achieved

Number of years sailing experience in all types of craft years

State yacht club(s) to which you belong

Name of main user (if not the proposer) Date of Birth

Number of years sailing experience for this type of craft years

Marine Qualification(s) (please specify) Date Achieved

Number of years sailing experience in all types of craft years

State yacht club(s) to which you belong

Has the vessel ever been used for racing? Yes No

If 'YES' give full details

PERIOD Period of Insurance: From: for twelve months:

Vessel Details

1. Name Type/Class

2. Is your vessel registered? Yes No
If 'YES' give full details

3. Sail Yes No (If 'YES' state type of rig)

4. Date purchased Purchase Price £ Year Built

5. Builder's name

6. State method of construction Professional Amateur Kit Conversion

7. Date of last independent, professional survey
by whom (if surveyed please provide copy)

8. Material of hull and type of construction

9. Dimensions: Length: Breadth: Draft:

10. Has the vessel ever been damaged? Yes No
If 'YES' give full details

Vessel Details (continued)

11. Is the vessel fitted with a fire extinguisher system? Yes No

If 'YES' give full details

Automated Remote

12. Please state maximum designed speed of the vessel knots

If the vessel's speed exceeds 17 knots per hour, the speedboat clauses shown overleaf will apply.

ALSO indicate maximum speed of tender dinghy, if capable of exceeding 17 knots per hour knots

13. (i) What fuel is used? (a) for main engines (b) for auxiliary engines

(ii) Is any petrol used or stored below deck? (with the exception of main tanks) Yes No

If 'YES' give full details including quantities and nature of storage

14. Is the vessel fitted with an automatic bilge pump? Yes No

If 'NOT', is the vessel fitted with water-freeing apertures and/or scuppers? Yes No

If not the vessel must be fitted with a tonneau cover.

15. (i) Is the vessel fitted with bottled gas equipment? Yes No

(ii) Is the bottle secured and vented overboard? Yes No

(iii) Does the gas appliance and its connections comply with BS3212? Yes No

If 'NO' give full details

(iv) State type of gas delivery tubing - copper/rubber?

16. Has the gas delivery and equipment been certified by a 'CORGI' registered inspector? Yes No

(Please provide copy)

Engine(s)

	Make and Model	H.P.	Yr. Built	Fuel used	Serial No.*
Inboard	1				
	2				
Outboard	1				
	2				
	3				
	4				

*Note until the Serial No. of any outboard motor is notified to us no theft cover is given on that item.

Sums to be Insured

- | | | | |
|--|--------------------------|---|----------------------|
| 1. Hull and machinery (including inboard engines) | 1 | £ | <input type="text"/> |
| 2. Navigation equipment | 2 | £ | <input type="text"/> |
| 3. Tender dinghy (Parent vessel's name must be shown on the tender to comply with policy conditions) | 3 | £ | <input type="text"/> |
| 4. Outboard Motor(s) (indicate each individual value) | | | |
| | 1 | £ | <input type="text"/> |
| | 2 | £ | <input type="text"/> |
| | 3 | £ | <input type="text"/> |
| | 4 | £ | <input type="text"/> |
| | TOTAL | £ | <input type="text"/> |
| 5. Road Trailer | 5 | £ | <input type="text"/> |
| 6. Personal effects (maximum single article limit of £100 applies unless otherwise stated) | 6 | £ | <input type="text"/> |
| 7. Other (please give full details) | 7 | £ | <input type="text"/> |
| | TOTAL SUM INSURED | £ | <input type="text"/> |

8. State third party indemnity required (£1,000,000 minimum) £
9. Do you require liability to and of water skiers? Yes No
- If 'YES' state indemnity required (£1,000,000 minimum) £
- Do you require liability for the towing of 'Toys' (£500,000 maximum)? Yes No
- If 'YES' how many years experience have you in this type of towing: years
- The towing of 'Toys' is defined by a person or persons being towed or preparing to be towed on or within a non-motorised inflatable product professionally and specifically designed and constructed for the purpose of such towage, this extension being subject to a maximum limit of indemnity of £500,000.
10. Do you require racing risk cover for masts, spars, sails and rigging? Yes No
- If 'YES' state full replacement cost of all items £

General Questions

1. MOORINGS

- A State exact location of your vessel's mooring and berth number
- State type of mooring
 Marina Berth Fore and Aft Swinging Mooring Alongside Ashore when not in use
- B If your craft is not kept on a marina berth please answer questions (i) - (v)
- (i) The ground tackle, riser, i.e. type and size of chains
- (ii) When was the mooring laid and by whom?
- (iii) When was the mooring last checked/overhauled and by whom?
- (iv) Has a mooring certificate been provided? Yes No
- If 'YES' Please attach
- (v) Are keels protected against chafe? Yes No

2. COMMISSION PERIOD

- A State period your vessel is in Commission From: To:
- B State whether your vessel is to be laid up
 Ashore Afloat Mud Berth and where

3. CRUISING RANGE

- State your cruising range requirements C.I. waters Brest/Elbe Adjacent French Coast
- Others: give details:-

4. Is your vessel to be used for private and pleasure purposes only? Yes No
 If 'NO' give full details
5. What professional crew is carried?
6. Are you entitled to a No Claims Bonus? Yes No
 If 'YES' state number of claim free years **Proof from previous insurers is required please attach this.**
7. State name of previous insurers (if any)
8. Are you the sole owner of the vessel? Yes No
 If 'NO' specify details of all financial interests.
9. Has any Insurer declined your proposal, refused to renew, cancelled your insurance or imposed any special terms, conditions or premiums? Yes No
 If 'YES' give details
10. Have you or any person in charge of the vessel been involved in any accident(s), or losses or made claim(s) for this type of insurance? Yes No
 If 'YES' give details
11. Have you or any person in charge of the vessel been convicted of any offence involving dishonesty of any kind (e.g. fraud, robbery, theft, handling of stolen goods) or arson or any other criminal offence? Yes No
 If 'YES' give details

Speedboat Clauses

WHERE THESE CLAUSES APPLY THEY SHALL OVERRIDE ANY CONFLICTING PROVISIONS IN THE MAIN POLICY.

1. It is a condition of these Clauses that when the Vessel concerned is under way the Assured named in the Policy or other competent person(s) shall be on board and in control of the vessel.
2. No claim shall be allowed in respect of:-
 - (a) loss of or damage to the vessel or liability to any third party or any salvage services,
 - (i) caused by or arising from the vessel being stranded, sunk, swamped, immersed or breaking adrift while left moored or anchored unattended off an exposed beach or shore for more than three hours.
 - (ii) arising while the vessel is participating in racing or speed tests, or any trials in connection therewith,
 - (b) rudder, propeller, strut, shaft, motor, electrical machinery or batteries, and their connections, unless the loss or damage is caused by the vessel being immersed as a result of heavy weather or is caused by the vessel being stranded, sunk, burnt, on fire or in collision with any other vessel, pier or jetty or while being removed from or placed in the vessel, or by theft of the entire vessel, or by theft following upon forcible entry into the vessel or place of storage, or by theft of outboard motor provided it is securely locked to the vessel or her boat(s) by an anti-theft device in addition to its normal method of attachment, or by fire in the place of storage ashore, or by malicious acts,
 - (c) any liability to or incurred by any person engaged in water ski-ing, aquaplaning or similar sport, while being towed by the vessel or preparing to be towed or after being towed until safely on board the vessel.
3. If the vessel is fitted with inboard machinery no liability shall attach to this Policy in respect of any claim caused by or arising through fire or explosion unless the vessel is equipped in the engine room or engine space, tank space and galley, with a fire extinguishing system automatically operated or having controls at the steering position and properly installed and maintained in efficient working order.

Additional Information

If you have answered 'YES' to ANY Questions on this Proposal Form or need to provide further information to help us consider the Insurance (see the IMPORTANT NOTE and DECLARATION below). Please give full details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Important Note

Please read the following carefully before you sign and date the Declaration.

The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal. However, because no list of questions can be exhaustive please consider carefully whether there is any other information known to you which could influence our acceptance and assessment of the risk. Material information would include any special feature of the vessel, use, vessel's location which makes losses more likely to happen, or more serious if they do.

Please disclose to us any such information, even if you have doubts as to whether it is material or not, as failure to do so could invalidate your policy.

You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

A copy of this completed proposal will be supplied upon request within a period of three months after its completion.

Before signing the Declaration please check your answers carefully, particularly if the proposal is not completed in your own hand. Please initial any alterations.

Declaration

I/We hereby declare that the answers in this proposal are full and true, that I/we have withheld no information whatever that might tend in any way to increase the Insurer's risk or to influence its decision regarding this proposal, and I/we undertake to exercise all ordinary and reasonable precautions for the safety of the property. I/We warrant that the Vessel described herein is sound and in good repair and agree that this Declaration shall form the basis of the contract between me and the Insurer.

Signature of Proposer(s)

Date

This insurance will not commence until the insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
• Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
• Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
• Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
• If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
• If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
- If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
• You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

Please detach and return both sections to Insurance Corporation.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

Grid for card number input

Valid from Date (as shown on card):

Grid for valid from date input

Expiry Date (as shown on card):

Grid for expiry date input

Switch Issue No. (if shown on card):

Small input box for switch issue no

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Text box for card holder name

Amount: £

Grid for amount input

If you require a receipt, please tick:

Tick box for receipt

3 Digit Security Code (last numbers found on Signature Strip)

Grid for security code input

Option 2. Annual Payment by cash or cheque

Policy Number

Text box for policy number

Premium

Text box for premium

BY POST to the address shown above. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number

Text box for policy number

Premium

Text box for premium

Please do not detach - FOR OFFICE USE ONLY.



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

Form for bank address including fields for To: The Manager, Address, Postcode

Name(s) of Account Holder(s)

Text box for account holder name

Bank Sort Code

Grid for bank sort code input

Bank/Building Society account number

Grid for account number input

Service User Number

Grid for service user number input (9 4 0 3 4 2)

Reference Number (FOR OFFICE USE ONLY)

Text box for reference number

Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Text box for signature

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

