

Marine Proposal for Private Pleasure Craft Insurance

Before completing this proposal please note specially that failure to **disclose all material information, i.e. information** which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

NB. It is company policy not to insure motorboats older than 10 years of age and inflatable/semi-rigid crafts older than 5 years of age or yachts older than 15 years unless accompanied by a full marine survey report by a qualified marine insurance surveyor at the client's expense.

Insured/company details

Name/company trading name:

Company registration number:

Insured's VAT number:

Description of business:

Physical address:

Postal address:

Telephone number:

E-mail address:

Cell number: Emergency contact number:

Boat-handling experience

Number of years as owner of this type of craft:

Number of years as owner of (state type of craft):

Number of years as crew of (state type of craft):

What are your special qualifications for boat handling (i.e. Yacht Master's certificate)?
.....

Do you hold a valid skipper's licence? Yes No Copy to be attached to the proposal.

Are you a member of a yacht/boat club? Yes No

If 'yes', please give details:

Have you or any member of your family normally residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences? Yes No

.....
.....

Have you or any person (owner or crew) suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs? Yes No

If 'yes', to either question, please give details:

.....
.....
.....

What accidents/incidents/losses or insurance claims have occurred during the past five years in connection with any vessel you have sailed or owned?

.....
.....
.....

Have you previously insured any vessel? Yes No If 'yes', please state with whom:

.....
.....
.....

Have you ever had an insurance on your boat

(i) cancelled? Yes No

(ii) refused at renewal ? Yes No

(iii) renewed only at increased terms? Yes No

If 'yes,' please give details:

.....
.....
.....

Insurance to be for 12 months from:

Where is the vessel normally kept?

Ashore when not in use:

Afloat on moorings:

At:

If marina, please state name:

If not a marina, give details of type of moorings and precise location:

.....

If moorings, are they professionally laid and maintained? Yes No

If 'yes', by whom?.....

If ashore when not in use is vessel housed/garaged? Yes No

Please give details:

Do you require the vessel to be insured during any inland transits? Yes No

If 'yes', please give details:



Navigating limits

Will the vessel be used on inland waters only?

VESSEL 1		VESSEL 2		VESSEL 3		VESSEL 4	
Yes	No	Yes	No	Yes	No	Yes	No

If 'no', please state which of the cruising range extensions are required:

(a) Coastal waters of the Republic of South Africa up to:

	VESSEL 1		VESSEL 2		VESSEL 3		VESSEL 4	
1 nautical mile offshore	Yes	No	Yes	No	Yes	No	Yes	No
12 nautical miles offshore	Yes	No	Yes	No	Yes	No	Yes	No
50 nautical miles offshore	Yes	No	Yes	No	Yes	No	Yes	No
harbours and bays including river mouths	Yes	No	Yes	No	Yes	No	Yes	No
(b) Is the vessel surf launched?	Yes	No	Yes	No	Yes	No	Yes	No
(c) If 'yes', will the vessel be used through river mouths?	Yes	No	Yes	No	Yes	No	Yes	No

(d) Is cover required in any countries outside the borders or waters of the Republic of South Africa? Yes No

- (i) If 'yes', please name the countries:
- (ii) Please state whether cover is required on a permanent basis (which insurers must endorse the policy accordingly) or if cover is required on an ad-hoc basis only (where the insured will advise insurers when such cover is required):
.....

Use of vessel(s)

(a) Private pleasure only?

VESSEL 1		VESSEL 2		VESSEL 3		VESSEL 4	
Yes	No	Yes	No	Yes	No	Yes	No

If 'no', please state intended use:

(b) By yourself only?

VESSEL 1		VESSEL 2		VESSEL 3		VESSEL 4	
Yes	No	Yes	No	Yes	No	Yes	No

If 'no', by whom?

(c) Sailed single-handed?

VESSEL 1		VESSEL 2		VESSEL 3		VESSEL 4	
Yes	No	Yes	No	Yes	No	Yes	No

If 'no', please give details of crew?

(d) Water skiing, aquaplaning or any similar sport?

VESSEL 1		VESSEL 2		VESSEL 3		VESSEL 4	
Yes	No	Yes	No	Yes	No	Yes	No

If 'yes', please give details:



(d) Racing under sail?

VESSEL 1

VESSEL 2

VESSEL 3

VESSEL 4

Yes No

Yes No

Yes No

Yes No

If 'yes', please give details:

Hull details

VESSEL 1

Name of vessel: Type/Class:
Serial number: Material of hull:
Manufacturer's name: Year built:
Overall length: Beam:
Max designed speed with present engine/s:

VESSEL 2

Name of vessel: Type/Class:
Serial number: Material of hull:
Manufacturer's name: Year built:
Overall length: Beam:
Max designed speed with present engine/s:

VESSEL 3

Name of vessel: Type/Class:
Serial number: Material of hull:
Manufacturer's name: Year built:
Overall length: Beam:
Max designed speed with present engine/s:

VESSEL 4

Name of vessel: Type/Class:
Serial number: Material of hull:
Manufacturer's name: Year built:
Overall length: Beam:
Max designed speed with present engine/s:



Main engine detail

VESSEL 1

Type: Inboard Outboard Single Twin

Make/Model: Type/Class:

Serial number: Fuel used:

Horsepower of each: Year built:

Propeller type:

If inboard engine(s) – Is it/Are they the original engine(s) installed by the builder of the hull? Yes No

If 'no', please attach note giving details:

Give details of any auxiliary outboard motors:

Date of last overhaul:

VESSEL 2

Type: Inboard Outboard Single Twin

Make/Model: Type/Class:

Serial number: Fuel used:

Horsepower of each: Year built:

Propeller type:

If inboard engine(s) – Is it/Are they the original engine(s) installed by the builder of the hull? Yes No

If 'no', please attach note giving details:

Give details of any auxiliary outboard motors:

Date of last overhaul:

VESSEL 3

Type: Inboard Outboard Single Twin

Make/Model: Type/Class:

Serial number: Fuel used:

Horsepower of each: Year built:

Propeller type:

If inboard engine(s) – Is it/Are they the original engine(s) installed by the builder of the hull? Yes No

If 'no', please attach note giving details:

Give details of any auxiliary outboard motors:

Date of last overhaul:

VESSEL 4

Type: Inboard Outboard Single Twin

Make/Model: Type/Class:

Serial number: Fuel used:

Horsepower of each: Year built:

Propeller type:

If inboard engine(s) – Is it/Are they the original engine(s) installed by the builder of the hull? Yes No



VESSEL 3

Yes No If 'yes':

(a) State with whom (branch and agreement number):

(b) Period of HP agreement: From: To:

Do you wish to arrange insurance for hire purchase/instalment sale credit shortfall? Yes No

If 'Yes', please provide certified true copy of hire purchase/instalment sale agreement and/or certified copy of latest statement reflecting the outstanding balance, failing which cover will not be allowed:

.....

VESSEL 4

Yes No If 'yes':

(a) State with whom (branch and agreement number):

(b) Period of HP agreement: From: To:

Do you wish to arrange insurance for hire purchase/instalment sale credit shortfall? Yes No

If 'Yes', please provide certified true copy of hire purchase/instalment sale agreement and/or certified copy of latest statement reflecting the outstanding balance, failing which cover will not be allowed:

.....

Security

VESSEL 1

(a) Details of outboard motor lock or other security device:

(b) State how trailer is immobilised when left unattended:

(c) What security arrangements are made when the vessel is not being used?

VESSEL 2

(a) Details of outboard motor lock or other security device:

(b) State how trailer is immobilised when left unattended:

(c) What security arrangements are made when the vessel is not being used?

VESSEL 3

(a) Details of outboard motor lock or other security device:

(b) State how trailer is immobilised when left unattended:

(c) What security arrangements are made when the vessel is not being used?

VESSEL 4

(a) Details of outboard motor lock or other security device:

(b) State how trailer is immobilised when left unattended:

(c) What security arrangements are made when the vessel is not being used?

Is any liquid gas plant installed?

VESSEL 1 Yes No

If 'yes':

(a) is copper piping used throughout? Yes No

(b) are pilot lights fitted? Yes No



VESSEL 2 Yes No

If 'yes':

- (a) is copper piping used throughout? Yes No
- (b) are pilot lights fitted? Yes No

VESSEL 3 Yes No

If 'yes':

- (a) is copper piping used throughout? Yes No
- (b) are pilot lights fitted? Yes No

VESSEL 4 Yes No

If 'yes':

- (a) is copper piping used throughout? Yes No
- (b) are pilot lights fitted? Yes No

Is a fire extinguisher system fitted?

- VESSEL 1** Yes No If 'yes', please give details:
- VESSEL 2** Yes No If 'yes', please give details:
- VESSEL 3** Yes No If 'yes', please give details:
- VESSEL 4** Yes No If 'yes', please give details:

Schedule of insurance

Note: Sum insured should be the new replacement value for vessels not older than 3 years or current market value for vessels older than 3 years. Inflatable or semi-rigid crafts are insured for current market value only, irrespective of age.

Details		Sum insured	Date purchased	Purchase price
Hull, inboard machinery (if any) and gear	V1			
	V2			
	V3			
	V4			
Show separate values of sails, masts, spars and rigging	V1			
	V2			
	V3			
	V4			
Outboard motor(s) to parent vessel, controls and attachments	V1			
	V2			
	V3			
	V4			
Dinghy/tender to parent vessel NB: Must be permanently marked with name of parent vessel outboard motor(s) to dinghy/tender.	V1			
	V2			
	V3			
	V4			

Details		Sum insured	Date purchased	Purchase price
Trailer Registration no. Chassis no.	V1			
	V2			
	V3			
	V4			
Personal effects (max R500 in total unless agreed) Valued list must be attached.	V1			
	V2			
	V3			
	V4			
Special equipment Valued list must be attached.	V1			
	V2			
	V3			
	V4			
TOTAL SUM INSURED	V1			
	V2			
	V3			
	V4			

Third-party and Passenger Liability

- (a) Standard Limit of Indemnity in terms of our policy – R500 000 (other than stated in b below).
If increase required, please tick the appropriate limit : R750 000 or R1 000 000 subject to an additional premium to be agreed.
- (b) Windsurfers, inflatable, semi-rigid craft, jet skis and the like, maximum Third-party and Passenger Liability is limited to R250 000.
Water skiers Liability: Standard Limit of Indemnity in terms of our policy: R250 000.
If increase required, please tick the appropriate limit: R500 000 or R750 000 subject to an additional premium to be agreed.

Is your vessel registered?

Yes No

If 'yes', with whom:

Please provide a photocopy of your registration logbook.

Any other information that is likely to influence the Insurers in regard to this proposal:

Declaration

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information that is likely to influence the decision of the Insurers in regard to this proposal. If this proposal has been completed by any person other than the insured I/we confirm that we have the Insured's permission to do so.

Signing this form does not bind the Proposer to complete the insurance but it is agreed that this form will be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.

POPI declaration

Signature of Proposer: Date:

Broker/agent name:

Contact person: Telephone number:

E-mail address:

Before attaching, please ensure the following is forwarded to Insurers:

- Completed and signed proposal form.
- Copy of purchase invoice.
- Certified true copy of Hire Purchase/Instalment Sale Agreement or latest statement reflecting the outstanding balance if Credit Shortfall cover is required.
- Colour photographs of the vessel.
- Photocopy of registered logbook if required.
- Trailer registration form, if trailer insurance is required.
- SAMSA Skipper's licence.

Debit order

The premium for this policy is an annual premium but may be paid by monthly debit order instalments through a bank or building society account. If you prefer to pay the premiums by monthly debit order instalments please give the following information:

Name of bank/financial institution:

Type of account:

Branch code (bank current accounts only):

Name of account holder:

Branch: Account number:

Signature of account holder:

The monthly instalments can be debited to the account on one of the following dates.

Please indicate your preference by ticking the appropriate box:

On or last working day before: 29th or 30th

On or last working day before: 31st or 1st or 15th

Indicate if you wish us to COMBINE ALL DEBIT ORDERS i.e. if you have MORE THAN ONE POLICY with Santam Limited with the aim of providing you an opportunity to save on bank charges

Yes No