Boat Insurance Application Form

Agent: _			
Quote N	lo.:		



Quote No.:	BOAT INSURANCE							
Type of Cover								
Comprehensive: Market Value Agreed value (subject to a valuation from an authorised boat dealer or boat broker, not available for personal Third Party Only (conditions apply)								
se of Boat: Private Hire/Charter Other (details):								
Insured Details								
insured Details								
☐ Mr ☐ Miss ☐ Mrs The Insured(s) (in full):								
Address:	Post Code:							
Telephone: (Home)(Business)_	(Business)							
Mobile:Email:	Email:							
Date of Birth:Occupation:	Occupation:							
Car Driver Licence No: Expiry Date: / / Boat Driver Li	icence No:Expiry Date: _ / _/							
Interested Parties:								
Are you registered for GST? Yes No GST Number:								
Registered Business Name:								
To what extent are you entitled to claim an Input Tax Credit on your insurance premium?	% Boating Course? Tyes No							
Has the insured(s): Ever had any insurance refused or cancelled? Yes No	Details							
Had any boat or any theft claims in the last five years? Yes No Been convicted of any offence in the last five years? Yes No (If you have ticked yes to any offence)	Boating experience (yrs)							
Deen convicted of any offence in the last live years: res no (if your lave licked yes to any t	or triese questions, piease suppry trie details and date.)							
Risk Details (Duty of Disclosure overleaf)								
Period of Insurance from:to	Boat Name:							
Boat Cover								
	Market Value Total							
Hull: Type:Make:	Sum Insured							
Model:Year Built:Length: mtr/ft	Agreed Value (Separate values required for each component of the boat.							
Reg /Sail No:Kts	A valuation from an authorised boat dealer or boat broker must be attached.)							
HIN No.	Hull							
Motor/s: Make:No. of	Motor							
Serial No 1:	(including fuel tanks)							
Serial No 2:	Trailer							
Type of motor:	Mast, Spars							
Inboard runabout: Rear mount Mid mount	& Rigging							
Fuel: Diesel Gas	Sails							
Trailer: Make:Year:	Equipment							
Registration No:Length:	& Accessories							
Sailboats Only – Mast, Spars & Rigging:	Boat Tender							
Running backstays								
(2 or more)	Agreed Value Total Sum Insured							
Sweptback Spreaders 3 or more Yes No Carbon Mast Yes No Rod Rigged Yes No Age of rig?	Personal Accident							
Legal Liability	(automatic cover if applicable) \$50,000.00							
Select liability required: \$1,000,000 \$2,000,000 other	Personal Effects (automatic cover if applicable) \$10,000.00							
Do you require water skiing legal liability cover? Yes No								
Commercial Only:	Total Premium							
No. of Passengers: Skipper:YesNo Excess								
Is food or drink supplied? Yes No								

Optional Benef	fits										
Sailboat Racing: (Sailboat racing up to 125 nautical miles is automatically included.)											
Is the sailboat used for official and/or organised races exceeding a distance of 125 nautical miles? Yes No											
Maximum race length: nautical miles Named Sailboat Races greater than 300 nautical miles:											
Lay up (for trailerable craft only)											
Lay up address if different from the Insured(s) address:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
General											
Type of fire extin	guisher:	Automat	ic Manu	al None	e	Transit Ris	k: Yes	No			
Is the boat moo	red/peni	ned? Yes	s No T	ype of Moori	ng?						
Location of Mod	oring/Stor	age:						Post Cod	de:		
Date Boat Purcl	hased:	/ /	Price:			_ Date las	t Surveyed:				
Declaration											
Your Duty of D	isclosur	е									
We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you.											
To comply with your duty of disclosure when first entering into an insurance contract with us, you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the questions we ask you. This applies to every insured under the policy.											
If you fail in your duty of disclosure we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make a false statement we may avoid your contract and treat your insurance as if it never existed.											
You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.											
Privacy Act Re	quireme	ents									
The Privacy Act 1993 require us to tell you that we collect, handle, store and disclose your personal and sensitive information in order for us to provide you with and inform you about insurance and insurance related services. Todo this we may communicate your personal information to our service providers. This will always be done as permitted by the relevant privacy legislation.											
I/We acknowledge that as the Insured(s), I/We:											
1. must act with	n the utm	ost good fa	i th in respec	t of any mat	ter relating to	o this insurar	nce				
2. have a duty	of disclo	sure as stat	ed in this ap	plication form	n						
3. have provided the correct information on previous losses and insurance history											
4. confirm that all answers and statements in this application are correct and that no information has been withheld which may affect our decision to accept this application or the terms of the proposed policy											
5. have received a combined Product Disclosure Statement and Financial Services Guide that relates to the product the subject of this application form. Yes No											
Signature of The Insured(s): Date:											
Payment Optio	ns										
Cheque/Money Order Pay By The Month (attach completed direct debit form)											
Credit Card:	Masterca	ard Vis	a								
Card No:											

Nautilus Marine Underwriting Agency Ltd

__Signature:

I authorise the debit of my credit card. Name on card:___