Boat Insurance Application Form

Agent:	
Quote No.:_	



Quote No.:			BOAT INSURANCE				
Type of Cover							
Comprehensive: Market Value Agreed value (subject to a valuation from an authorised bo	oat dealer or boat brok	ker, not available for pe	ersonal				
Third Party Only (conditions apply)		,					
e of Boat: Private Hire/Charter Other (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	on:						
Car Driver Licence No: Expiry Date:/Boat Driver	Licence 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?	% B	Boating Course?	Yes No				
Has the insured(s): Ever had any insurance refused or cancelled? Yes No							
Had any boat or any theft claims in the last five years? Yes No		Boating experience					
Been convicted of any offence in the last five years? Yes No (If you have ticked yes to a	ny of these question:	s, please supply the d	etails and date.)				
Risk Details (Duty of Disclosure overleaf)							
Period of Insurance from:to	Boat Name	e:					
Boat Cover							
	Market Va	1					
Hull: Type:Make:	Sum Insu	rea					
Model:Year Built:Length: mtr/ft	Agreed Va	lue (Separate values	required for each component of the boat.				
Reg /Sail No:Const. Material:Max Speed:kts	A valuation from	m an authorised boat	dealer or boat broker must be attached.)				
HIN No.	Hull						
Motor/s: Make:No. of	Motor						
Serial No 1:	(including fuel	I tanks)					
Serial No 2:	Trailer	Trailer					
Type of motor:	Mast, Spa	ırs					
Inboard runabout: Rear mount Mid mount	& Rigging						
Fuel: Diesel Gas	Sails						
Trailer: Make:Year:	Equipmen	nt					
Registration No:Length:	& Access						
Sailboats Only – Mast, Spars & Rigging:	Boat Tend	der					
Running backstays	A	-1					
(2 or more) Sweptback Spreaders 3 or more	Agreed Va						
Rod Rigged Yes No Age of rig?	Personal		\$50,000.00				
Legal Liability	-	ver if applicable)	400,000.00				
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	·	Total Premium					
Commercial Only:	i otai Pr	emum					
No. of Passengers: Skipper: Yes No Excess							
Is food or drink supplied? Yes No							

Optional Benef	fits										
Sailboat Racin	g: (Sailbo	oat racing up	to 125 naut	ical miles is	automaticall	y included.)					
Is the sailboat us	sed for of	ficial and/or	organised rad	es exceedir	ng a distance	of 125 nautio	cal miles?	Yes 🗌 No			
Maximum race I	ength:	na	utical miles	Named Sa	ilboat Races	greater than	300 nautical	miles:			
Lay up (for trail	lerable cr	aft only)									
Lay up address i			ured(s) addre	ess:							
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 i	informatio	on you provid	de us with, to	decide whe	ther to insur	e you and th	e terms on w	hich 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. To do 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 acknowle	dge that	as the Insu	red(s), I/We	1							
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 Options											
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:___